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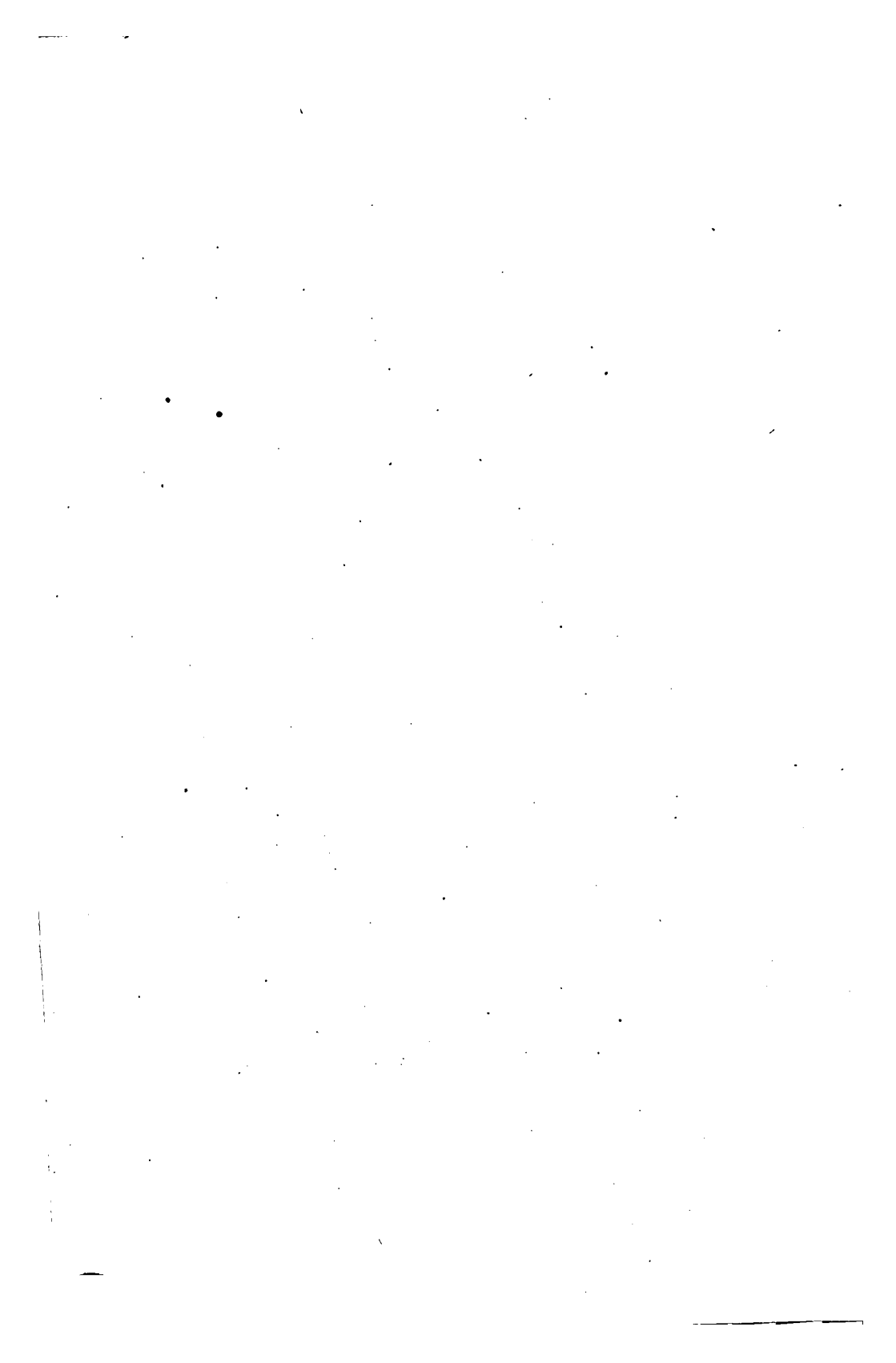
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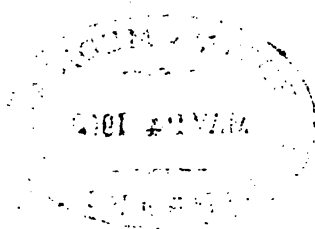
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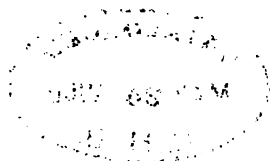
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ORIGINAL COMMUNICATIONS.

**EXPERIMENTAL STUDY OF CHILDREN, MORE
ESPECIALLY OF WASHINGTON
SCHOOL CHILDREN.**

BY ARTHUR MACDONALD, WASHINGTON, D. C.

Specialist in the Bureau of Education.

Before entering upon the introduction proper, the author may be allowed a few remarks. The original part of this work is chiefly a study of Washington school children; the rest is, in the main, an endeavor to present results of the principal investigations on school children up to the present time.*

As to the original part of this study, the reader will remember that all such work is in its infancy, and must, therefore, be necessarily incomplete.

Many seemingly unimportant details are given; but, as remarked later on, to present too many details is less of a mistake than to present too few.

It is hoped that this, with the work of others, may aid in a more thorough study of children, on whom the future civilization depends.

Anatomical measurement of children is one of the chief branches of anthropometry. Anthropometry is the measurement of the human body in general. It is a branch of anthropology, but independent in its purpose and methods.

*The results are not given, but rather the methods employed in obtaining them.

In early times measurements of the body were made in the service of art. It is in comparatively recent times that anthropometry has taken a scientific direction. The artist was interested almost entirely in the form and proportion of the human body, and so measured those only who were well formed. The empirical investigator is interested in the measurements of all persons. The founder of this latter branch of study is the Belgian statistician, Quetelet. His purpose was to find what is typical in man, at the same time making note of the variation due to sex, age, race, and social position.

One of the practical aims of measurements of living men is to identify personality. It is to give to each individual a "positive, permanent and invariable personality." Thus when a life insurance policy or a certificate of death is to be drawn up, or when it is desired to identify some insane person or some one disfigured by sudden or violent death, by shipwreck or combat, it would be serviceable had those persons had their measurements recorded, so that they could be identified with certainty. Banks and associations for mutual benefit could not be so easily swindled by the assertion of the death of a policy holder; impersonation of a pensioner or of an heir would be difficult, and "those who died in battle would not have a nameless grave."

The Bertillon system of measurement is an extension of the idea of the Bertillon system of measurement for criminals—a system which aids in lessening crime. Crime is encouraged from the difficulty of distinguishing one person from another, so that habitual and professional criminals escape punishment.

This system, though intended primarily for a practical end, can be made of scientific value as far as it goes. Its measurements are length and width of head, distance between zygomatic arches, length of left foot, of left middle finger, left little finger, left forearm, and length and width of ear. There is a descriptive part, including observations of the bodily shape and movements. Deformities, peculiar marks on the surface of the body resulting from disease or accident, and other signs—as moles, warts, scars, tattooings, etc.—are noted. Experience has shown that absolute certainty of identity is possible by the Bertillon system. But the full benefits of a practical system of identification cannot be reached unless applied to all individuals. There might be at first sentimental objections, as has happened

in things subsequently of great utility to society. No one who intended to be an honorable citizen would have anything to fear; but, on the contrary, it would afford protection to humanity in enabling society to find its enemies. This certainty of identification would discourage dishonest voting, assist in recognizing deserters from the army, in enforcing laws, and in facilitating many business matters.

In the investigation of normal modern civilized man, the most important branch is probably the study of children. The importance of taking physical measurements of children in school lies in the fact that such measurements may be considered as a test for systems of physical culture. As pupils are examined periodically to test their mental growth and improvement, it is just as necessary for their welfare that their physical condition and development be ascertained, so that progress may be gained in body as well as in mind. But there must be some standard by which we can measure physical development and growth. This can only be ascertained by taking measurements of a large number of children of all school ages. Although the physical conditions upon which the activity of the mind depends are so complex, and so much is still unknown, yet it can be said with almost a certainty that at those ages in which children grow rapidly there should be a corresponding reduction in the amount of study required; and this should be done even if the pupil is mentally capable of doing more; for no pupil should be developed in mind to the detriment of bodily conditions. The bright scholar, whom parents are too often inclined to push, needs it the least, especially if his physical condition is inferior to his mental. The saying that apples which ripen slowest last the longest is as true as it is homely. The systematic collection, then, of physical statistics in the public schools will furnish valuable facts for the hygienist and educator.

Students of anthropology have confined their attention largely to uncivilized and prehistoric man, and consequently there is very little knowledge of modern civilized man, as compared with his less-worthy predecessors or contemporaries. We know more about rocks and brutes than about modern man. We have made sciences of the two former, but a science of the latter hardly exists. The men who have begun lately to study modern man have given the abnormal types, such as criminals, the insane,

inebriates, paupers, etc., the advantage of their investigations. It is time that similar investigations should be made upon average normal men, who are the foundation of every community.

Also men of talent, great talent or genius, should be studied; for if it is important to study the criminal in order to find the causes of crime, and thereby prevent or lessen it, it is perhaps more needful to investigate the man of talent or genius, in order to learn those conditions and characteristics that lead to success in life.*

Objections are frequently made to the present psycho-physical methods of studying man. It is said that too much importance is attached to the physical side of man, as though the soul and mind could be measured by an instrument of precision. It is not intended here to enter upon a special discussion of this subject, about which there may be difference of opinion. The measurements made are measurements of the body or of physical effects in the body arising from either physical or mental causes or from both causes.

When, for instance, an instrument to measure pain, as a temporal algometer, is pressed against the temple with gradually increasing force, and the subject tells as soon as the increasing pressure becomes in the least disagreeable—we will say that when the pressure reaches 2,000 grams it begins to feel disagreeable—the question arises as to what does this 2,000 grams pressure measure. It is not true to say that this is wholly a physical measurement, much less to say that it is wholly a mental or emotional measurement. It seems to be simply an approximate measurement of the combination of these three elements. In the present state of knowledge it would be hazardous to say which element enters most into the measurement.

The impression is sometimes formed from reading descriptions of instruments and details of long series of experiments, that psycho-physical study ignores introspection; but this is a misconception.

It is natural that most investigation in comparatively new lines should take up the more elementary phenomena. Introspectional states of consciousness are perhaps the most complex, and it would have been premature to enter into their considera-

*See article on "Emile Zola," by author, *Open Court*, Aug., 1898.

tion before the simpler states had been thoroughly studied. There should be extensive investigation of introspection; it should be considered experimentally under definite conditions, etc. Speaking of the common error which makes experimental psychology a mere study of sensation and reaction time, Münsterberg says: Association and attention, memory and judgment, space and time, feelings and will, etc., these are the problems of study where the future of experimental psychology lies.

Notwithstanding the practical utility of anthropometry, which we have stated above, objection is sometimes made that it, as well as other phases of scientific investigation, can not always be of immediate use.

The question is often asked as to the utility of experiments of this nature. The commercial or utilitarian spirit does not yield the best results, though it sometimes brings quick and paying returns. But in all experimental work much is done that subsequently is seen to have been unnecessary. This is mainly because the real significance of any initial truth can not be known until the discovery of other truths has been made. The purely practical point of view sometimes assumes that we ought to know beforehand what an experiment is going to prove, as though the investigation were but an interesting pastime, for, of course, there would then be no necessity for the experiment.

In an empirical investigation new lines of study require much more detail. As a rule, it is better to have too many data than too few; for to assume in a preliminary inquiry what material is important and what not important is premature. To exclude material on theoretical grounds at the outset is to allow presuppositions undue influence. A laboratory inquiry may be continued a year or more, and often the result of all the labor may be stated in one page or one sentence, or there may be only a negative conclusion, but this is no reason that an investigation should not be undertaken. Negative results may be useful for future study in indicating what methods or material to avoid.

Certain objections are sometimes made to new and necessarily incomplete lines of work. The type of objections referred to would hardly be made by investigators. Thus, it is sometimes said that unrelated facts, like a pile of bricks, do not make a house; but the answer is, you cannot build a house or form a science without these separate facts; they are the material itself.

It may be asked what is the use of knowing, for instance, that one group of children are more sensitive to heat than another group. We think there is some use, but we will waive that. The point of view suggested by these and similar objections overlooks the fact that such objections would have applied to all sciences in their early stages. If, for instance, individual facts about children, even if their immediate use is unknown, are not important, what is important in life? Many such objections would involve a discussion of points of view of life which it would be out of place to consider now. But it may be said, in general, that the primary object of science has always been *truth for its own sake*, and under the inspiration of this ideal many discoveries of the greatest utility to humanity have been made.

To establish the measure of work according to the strength of the individual is fundamental to the economy of health. This is especially true of children, but the difficulties here are greater than in adults, owing to the changes caused by growth. Over taxing of the powers here leaves its mark generally throughout the whole future life of the child. No question, then, can be more important for the school, according to Combe, than:

(a) What is the maximum work suitable to a child in the different periods of development in its school life?

(b) Can this maximum be injurious at certain times, when all the vital force may be required for growth?

We must first know the physiology of normal growth, whether it is regular and when it increases or decreases in rate, and what influences this increase and decrease. There are two methods of pursuing such an investigation—the collective method and the individual method.

The collective method consists in measuring large numbers of children of every age, and obtaining the average or mean for each age, the value of which is in proportion to the number measured. Quetelet, of Brussels, was one of the first to use this method, but he only measured ten of each sex, which is too small a number to give any certainty to the results. Of much more importance are, for instance, Dr. Bowditch's measurements of 24,000 Boston school children. This method was employed by Alex. Hertel in Denmark, who measured 28,384 children in the different public schools. Axel Key in Sweden measured 15,000, most of whom were in the high schools; Erismann gives

results from 3,000 children in Moscow, Pagliani for 2,016 in Turin. Kotelmann in Hamburg made very careful and extensive measurements, but on a limited number.

The individual method was employed by Lihartzik in Vienna, who investigated 200 from 8 to 14 years of age, measuring them each year.

The results of both methods are not always exact. Most authors have, for example, considered children as being 9 years of age who were anywhere between the ages of 9 and 10. Others have more correctly recorded them at their *nearest age*. The result is that the averages of different authors are not for exactly the same years of age. Louis Roux, of Switzerland, employed a new and much more exact method, which consisted in following the month of birth instead of the year, so that there were twelve groups. Thus, it was found that children born in summer were larger than those born in winter, a fact that may prove to be of some significance.

What is a normally developed child? This question might be answered, but only within certain limits, owing to the variation and complexity of the human species. A method of inquiry would be to seek out the positively abnormal children and find what characteristics are peculiar to them. The remaining children in a general way might be called normal.

At present the desire is to find the norm, the average, the type or types of the great mass of children. This can be done only by measurements on large numbers, these measurements to be summarized according to the statistical method.

It is a common saying that "almost anything" can be proved by statistics. This may be true with their wrong interpretation. Yet without statistics there is little or no basis for opinion or conclusion. Every additional observation through counting, measuring or weighing, every repetition of an experiment, when applied to large numbers, lessens the amount of error, giving a closer approximation to truth, against which preconceived ideas or theories have little weight.

According to Hasse, one of the aims of anthropometry is to find the normal relation between mental and physical development. The close relation of anthropometrical measurements of school children to hygiene will be evident when it is asked within what general limits shall growth in height, weight, strength, etc.,

be considered as representing a healthy normal child. In our present state of knowledge it would be hazardous to define a normally developed child.

There is doubtless in the early periods of life, up to adult age, a certain relation of bodily organs to one another. A want of such relation may produce abnormalities, which in turn may give a lack of grace, symmetry, or beauty to the human body. If such a relation is to be generally established, so that we may know within certain limits what can be considered the proper bodily proportions, measurements of large numbers of children at different ages and stages of growth must be made. Hence the only way to a definite knowledge as to the development of the human body will be through long and painstaking investigations. Thus the causes of homeliness, lack of beauty, deformities, and the like may be more definitely ascertained. This in turn may help in their prevention. Such abnormalities affect not only beauty, but, what is more important, health. When abnormalities are discovered early in youth there is more opportunity of avoiding their evil effects. The relation of these body abnormalities to disease may prove of practical importance. Thus Hildebrand, an experienced investigator, remarks that delicate, slender people are much more subject to typhoid fever than to consumption; another says of the same class that they are much more inclined to nervous troubles than other people. Another physician of large experience asserts that where chest and trunk remain undeveloped the head and extremities are much more developed.

Beneke in Marburg has shown that the relation between the size of the heart and the circumference of the arteries is gradually changed during the growth of the body, and that there is a consequent variation in blood pressure. This is specially true at puberty, when the heart increases very fast in volume; for the arteries increase much in length with the increase of length of body, but their diameter is relatively little increased, so that much more work is required of the heart. Thus the growth in the length of body can be of the greatest importance to the development of the heart. Should this growth be irregular or abnormally fast, serious difficulties may arise, and Beneke has endeavored to show that herein lies the cause of the development of consumption at puberty. The importance, therefore, of determining the normal rate of growth is evident.

We have mentioned these general *opinions* of experienced physicians and specialists as an indication of the utility of the anthropometry of the future.

The following is a measurement blank being used by the author in the study of children:

No. _____.

Name, _____; date, _____; school grade, _____; name of observer, _____; sex, _____; date of birth, _____; age in years and months, _____; color of hair, _____; of eyes, _____; of skin, _____; first born, _____; second born, _____; later born, _____.

ANTHROPOMETRICAL.

Weight, _____; lung capacity, _____; depth of chest, _____; width of chest, _____; circumference of chest, _____; height, _____; sitting height, _____; strength of lift, _____; of arms, _____; of right-hand grasp, _____; of left-hand grasp, _____; total strength, _____; is the subject left-handed? _____; maximum length of head, _____; maximum width of head _____; cephalic index, _____; distance between zygomatic arches, _____; between external edges of orbits, _____; between corners of eyes, _____; length of nose, _____; width of nose, _____; height of nose, _____; nasal index, _____; length of ears, right, _____; left, _____; length of hands, right, _____; left, _____; width of mouth, _____; thickness of lips, _____.

PSYCHO-PHYSIOLOGICAL.

Least sensibility to locality, right wrist, _____; left wrist, _____; least sensibility to heat, right wrist, _____; left wrist, _____; least sensibility to contact on the skin, _____; least sensibility to pain by pressure on two points, _____; least sensibility to pain by pressure, right temporal muscle, _____; left temporal muscle, _____; least sensibility to smell, right nostril, _____; left nostril, _____; least sensibility of muscle sense to weight, right hand, _____; left hand, _____; pulse, _____; respiration, _____.

SOCIOLOGICAL.

Nationality of father, _____; nationality of mother, _____; nationality of grandfather, father's side, _____; mother's side, _____; nationality of grandmother, father's side, _____; mother's side, _____; occupation of parents, _____; education of parents, _____.

ABILITY IN STUDIES.

Bright, dull, or average, in general, _____; in arithmetic, _____; algebra, _____; grammar, _____; drawing, _____; geography, _____; history, _____; music, _____; reading, _____; spelling, _____; penmanship, _____; German, _____; French, _____; Latin, _____; Greek, _____; geometry, _____; physics, _____; science, _____; manual labor, _____; etc.

(Answer after each study and for other studies not mentioned. When in doubt as to brightness or dullness, mark person average.)

ABNORMAL OR PATHOLOGICAL.

If abnormal or peculiar, name in what way, _____; unruly, _____; sickly, _____; defects in speech, _____; defects in sight, _____; defects in hearing, _____.

Palate, _____; aural asymmetry, _____; cephalic, _____; palpebral fissures, _____; frontals, _____; expression, _____; hand balance, _____; nutrition, _____; pigmentation, _____; ptosis, _____; rachitism, _____; epilepsy, _____; lordosis, _____; kyphosis, _____; scoliosis, _____; other defects, _____.

Remarks: _____.

Washington is a residential city with comparatively few foreigners. The well-to-do and poorer classes among the whites are more equally divided than in most cities. There is a very general representation from all States among the residents. For these reasons a study and measurement of the school children of Washington may be capable of more general application to Americans as a whole.

In the study of the Washington school children several lines of investigation have been followed. One is a special study of 1,074 children, which considers cephalic index and sensibility to heat and locality upon the skin, with relation to sex, mental ability, and sociological conditions. It is based upon measurements by the author.

Another is an anthropometrical and sociological study of all the school children, based upon measurements by the teachers.

A third is a purely psychological inquiry as to comparative mental ability in the different school studies as reported by the teachers.

A fourth is a study of the abnormal children in the schools as reported by the teachers.

Through the kindness and interest of the Superintendent of the schools of Washington, and of the teachers under his supervision, this study of school children was made possible.

As to the value of such work, we can do no better than give the opinion of the celebrated anthropologist Virchow. In speaking of the teachers of German, who assisted in the investigation of the school children, Virchow says that those teachers were following out the end for which the schools strive—that is, self-knowledge; for such investigations aid in the question as to the origin of a people, that a nation may know itself.

CONCLUSIONS AS TO WASHINGTON SCHOOL CHILDREN.

For the convenience of those who may not go further into this inquiry, we give below the conclusions from our investigations of the Washington school children:

Conclusions as to 1,074 Children Specially Studied.—1. Dolichocephaly, or long-headedness, increases in children as ability decreases. A high percentage of dolichocephaly seems to be a concomitant of mental dullness.

2. Children are more sensitive to locality and heat on the skin before puberty than after.

3. Boys are less sensitive to locality and more sensitive to heat than girls.

4. Children of the non-laboring classes are more sensitive to locality and heat than children of the laboring classes.

5. Colored children are much more sensitive to heat than white children. This probably means that their power of discrimination is much better, and not that they suffer more from heat.

Conclusions as to all the School Children.—6. As circumference of head increases mental ability increases.*

7. Children of the non-laboring classes have a larger circumference of head than children of the laboring classes.

8. The head circumference of boys is larger than that of girls, but in colored children the girls slightly excel the boys in circumference of head.

9. Colored girls have larger circumference of head at all ages than white girls.

10. An important fact already discovered by others is that for a certain period of time before and after puberty girls are taller and heavier than boys, but at no other time.

11. White children not only have a greater standing height than colored children, but their sitting height is still greater; yet colored children have a greater weight than white children—that is, white children, relatively to their height, are longer bodied than colored children.

12. Bright boys are in general taller and heavier than dull boys. This confirms the results of Porter.

13. While the bright colored boys excel the dull colored boys in height, the dull excel the bright in sitting height. This seems

*It being understood that the race is the same.

to indicate a relation or concomitancy of dullness and long-bodiedness for colored boys.

14. The pubertal period of superiority of girls in height, sitting height, and weight is nearly a year longer in the laboring classes than in the non-laboring classes.

15. Children of the non-laboring classes have, in general, greater height, sitting height, and weight than children of the laboring classes. This confirms the results of investigations by Roberts, Baxter, and Bowditch.

16. Girls are superior to boys in their studies (but see conclusion 19).

17. Children of the non-laboring classes show greater ability in their studies than children of the laboring classes. This confirms the results of others.

18. Mixture of nationalities seems to be unfavorable to the development of mental ability.

19. Girls show higher percentages of average ability in their studies than boys, and therefore less variability. This is interpreted by some to be a defect from an evolutionary point of view, but see conclusion 16.

20. As age increases brightness decreases in most studies, but dullness increases except in drawing, manual labor, and penmanship; that is, in the more mechanical studies.

21. In colored children brightness increases with age, the reverse of what is true in white children.

CONCLUSIONS AS TO CHILDREN WITH ABNORMALITIES.

22. Boys of the non-laboring classes show a much higher percentage of sickness than boys of the laboring class.

23. Defects of speech are much more frequent in boys than in girls.

24. Boys show a much greater percentage of unruliness and laziness than girls.

25. The dull boys have the highest per cent. of unruliness.

26. Abnormalities in children are most frequent at dentition and puberty.

27. Children with abnormalities are inferior in height, sitting height, weight and circumference of head to children in general.

CHLOROSIS.

BY DR. S. ASCHER, HAMBURG, GERMANY.

Although chlorosis in its typical form, which occurs especially in females at the time of puberty, is generally amenable to medical treatment, there are cases in which all our efforts to effect a cure are unattended with successful results. We are inclined in such cases to call to mind the explanation given by Virchow, who assumes that chlorosis frequently depends upon a congenital narrowing of the arteries; yet this explanation is of little aid to the practical physician. If we remember that the action of iron—our panacea in chlorosis—is yet a mooted question, and that doubt still exists as to whether iron is capable of absorption by the stomach or intestines, it is natural that we should welcome preparations which promise to give better results than those in previous use.

It is well known that in the hemoglobin of the red corpuscles manganese is constantly found in connection with iron. Opinions have always been divided as to the significance of manganese in the blood, as regards the question whether manganese is really a constant constituent of hemoglobin or an occasional one. We know that the function of the red corpuscles to take up oxygen is chiefly attributable to the presence of iron, but an active part in this direction has also been ascribed to manganese. While in chloride of iron one-third of the chlorine is active, this property belongs to a still greater extent to manganese chloride, a combination of chlorine and manganese corresponding to that of chlorine and iron. Iron chloride is a much more stable combination than manganese chloride, which decomposes even at ordinary temperatures and gives off one-half of its chlorine; it is, therefore, quantitatively more active than iron. Manganese as a constituent of the blood exerts a stronger polarizing effect upon the oxygen and gives off the latter more readily than iron.

Manganese is, therefore, a more powerful oxidizing agent than iron, and, absorbed into the body, will exert an energetic assimilative action.

Joh. Kugler, in 1838, was the first to recommend the manganese salts in scrofulosis. He made the observation that persons who handled manganese oxide in a chlorine bleachery enjoyed an immunity from diseases of the skin, bones, and glands. In 1844 Hannan found a diminution of manganese in scrofulosis, and to

a still greater extent in anemia and chlorosis. In chlorosis he found that the quantity of iron was sometimes chiefly diminished and sometimes that of manganese. He therefore distinguished chlorosis from lack of iron and manganese.

Although this schematic classification cannot be accepted, other investigators of more recent times have established a connection between chlorosis and a deficiency of the quantity of manganese in the hemoglobin.

In 1852 Petrequin recommended manganese in combination with iron. He maintained that in all cases in which iron is indicated but proves ineffective there is a deficiency of manganese in the blood. Among recent authors Rühle, of Bonn, has warmly recommended the combination of manganese with iron in the treatment of chlorosis, and lately manganese has been employed with much success for amenorrhea in young persons between the ages of eighteen and twenty years.

Notwithstanding these high commendations from various sources, manganese was not generally adopted in the treatment of chlorosis, and in cases when iron failed to act resort was had to purely dietetic measures. The reason for this was that no preparation existed in which iron was combined with manganese in a readily absorbable form. Such a preparation, however, is Gude's Pepto-Mangan, and the results obtained from its use by myself and others are exceedingly promising.

Gude's Pepto-Mangan has been tried by me and a few colleagues in various diseases associated with a depreciated condition of the blood, altogether in eighty cases, and in the following I will give a few exact data concerning the observation thus far made by us.

In the simple chlorosis of females during the period of puberty we have employed Gude's Pepto-Mangan in about thirty cases with uniformly good results. The remedy was always well borne, digestive disturbances were never observed, the marked symptoms of headache, vertigo, palpitation of the heart, and loss of appetite were improved within a few weeks. The bodily weight increased by one-half kilogramme (about one pound). Among the histories of cases at hand the following appear especially noteworthy.

Miss Sched, aged 22, suffered from edema of the legs, general weakness, marked anemia; menses absent for several years.

Prescribed rest, vigorous diet, massage, and Gude's Pepto-Mangan three times daily. After six weeks' treatment edema disappeared, menses returned, patient felt better, had better color. Four weeks later menses became abundant, although the Pepto-Mangan was no longer employed.

Miss R., aged 28, seamstress, marked anemia, nervous dyspepsia, fluor albus. Besides massage, rest, etc., Gude's Pepto-Mangan, one teaspoonful thrice daily. After three weeks, fluor disappeared, menstruation more abundant, patient's condition perceptibly improved. The disagreeable backache had ceased; appetite and condition of bowels normal.

Miss Clara F., aged 25, weight 52.5 kilogrammes (about 110 pounds); great disturbance of nutrition and anemia; had suffered for five years from amenorrhea, nervous dyspepsia, general neurasthenia, and nervousness; complexion sallow owing to constipation. Gude's Pepto-Mangan administered (altogether 1.100 grammes, 36 to 37 ounces). Result very favorable; weight increased one-half kilogramme (about one pound) every week, appearance excellent, general condition much improved; constipation relieved by extract frangul. fluid. During the eight weeks menses returned; headache and stomach troubles have disappeared; patient has great hopes of perfect restoration to health.

This preparation also proved very serviceable in cases of anemia associated with more or less marked scrofulosis. The abscesses of the skin healed, eczema of undoubted scrofulous character disappeared. The following case is characteristic:

Margaret G., aged 12, a weak, anemic, and scrofulous girl; had suffered repeatedly from tonsillitis, coryza, anorexia, glandular swellings, and had a pale and sickly appearance. Prescribed for a period of six months three baths containing Kreuznach mother-lye thrice weekly, and Gude's Pepto-Mangan one teaspoonful thrice daily. In all 1,000 grammes (two pounds) of the liquor were used. The girl now looks well, healthy complexion, red cheeks and lips, appetite good, swelling of glands has almost entirely disappeared.

I have further employed the Gude's Pepto-Mangan in that form of anemia which is found in young women as a complication of uterine trouble or as consequence of profuse loss of blood from repeated abortions or childbirths. The effect was always uniformly good. The patients, who belonged for the most part

to the working classes, after three to four weeks' use of the Pepto-Mangan, were able to resume work (although their nutrition could only be slightly improved), and were able to accomplish as much as formerly.

It is well known that during the course of chronic malaria marked anemia develops, which is extremely obstinate to treatment and frequently defeats all efforts to effect a cure. Even after the attacks of fever have subsided the anemia quite often persists for a long time, and the patient becomes greatly reduced in health.

In this condition, where, as I have said, other preparations of iron frequently leave us in the lurch, Gude's Pepto-Mangan has rendered us good service. We have had occasion to employ this remedy sixteen times in anemia following malaria, and report the following two cases by way of illustration:

Margaret Sch., aged 26, unmarried, scrofulous tumors of the neck, anemia following malaria, gastric catarrh; bodily weight, 58 kilogrammes (about 122 pounds). Duration of treatment two months; 800 grammes of Pepto-Mangan used with material and continuous improvement. Vomiting and headache have disappeared, appetite good, increase of weight two kilogrammes (four pounds).

Bertha Pr., aged 10 years, 20.5 kilogrammes (about 43 pounds), marked anemia after malaria and scarlatina, diphtheria. Five hundred grammes (one pint) of Gude's Pepto-Mangan administered in six weeks. Considerable improvement of the general condition. The patient had so much improved that treatment was discontinued, thinking it no longer necessary. Increase of weight 1.5 kilogrammes (three pounds).

That Gude's Pepto-Mangan is also an excellent remedy for children is demonstrated by the above observation, as well as the following one:

Annie and Willie D., twins, 2½ years old. Rickety, pale and unhealthy color of face, appetite poor. Gude's Pepto-Mangan in wine, one teaspoonful thrice daily, altogether 300 grammes (ten ounces) used. The children take it gladly and it is well borne. Appetite has improved.

Finally, it may be mentioned that I have tried the Pepto-Mangan in several cases of pulmonary tuberculosis. Of course, the effect here was only relative, yet frequently we were able to improve the appetite and effect a slight gain in the weight.

In the foregoing remarks I have somewhat in detail given my experience with Gude's Pepto-Mangan, and I have done this because I am convinced that it is worth while to institute further trials with this preparation. The observations thus far made were very encouraging. I will not attempt to define what part manganese plays in the new preparation. At any rate, it appears that, compared with other ferruginous preparations, Gude's Pepto-Mangan has a better and more certain effect, and is characterized by the fact that it does not produce disturbance of the digestive tract. It would be interesting to determine by experimentation that under the use of this remedy the quantity of manganese in the blood is actually increased. Such an experiment would definitely prove that Hannen's theory of chlorosis based upon deficiency of iron and manganese in the blood is perfectly correct.—*From the Allgemeine Medizen, Central Zeitung.*

Scott's Emulsion Vindicated.—The medical profession and the trade have for the past year and a half been much interested in the fight between Messrs. Scott & Bowne, manufacturers of Scott's Emulsion, and the State Dairy and Food Commissioner of Ohio. The trouble arose from the charges made by the Ohio Food Commissioner that Scott's Emulsion contained a narcotic, which, if true, made it a misdemeanor under the laws of Ohio to offer it for sale without the regulation poison label. Messrs. Scott & Bowne, feeling it a duty which they owed, not only to themselves, but to the profession in general, repudiated the charges in every instance, and since then the matter has been a subject for the courts to decide. The suit brought by the Commissioner against a druggist of Cincinnati for selling Scott's Emulsion, which the Commissioner claimed contained morphine, was settled this week in the courts at Cincinnati by a verdict for the defendants, entirely vindicating them, and showing the injustice of these injurious attacks upon Scott's Emulsion, the jury being out but a very few moments. The testimony brought out at the trial was overwhelmingly in favor of the claims of the manufacturers, that Scott's Emulsion had never contained a narcotic of any kind. More than a score of the best chemists in the country certified to these facts. We congratulate Messrs. Scott & Bowne on their victory. It is the old story, "Truth crushed to earth will rise again."

THE TREATMENT OF CARBUNCLES.

BY MILTON P. CREEL, M. D., CENTRAL CITY, KY.

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There is no affection falling to the lot of human suffering that is attended with more pain and suffering than carbuncles. Besides the pain which they carry in their train, they are attended with much danger. As a cause of death, upon investigation, we will find that the mortality incident upon this affection is by no means contemptible. In this article I shall not deal with the symptoms of pathology of this affection, that being easily obtained by reference to the standard text-books on surgery.

One of the first considerations in the treatment of a patient with carbuncles is to see that he is well and thoroughly nourished. The importance of this is very manifest when we reflect how much debility is associated with the unfolding of a carbuncle. We should give regularly food of a nourishing character, and we must be satisfied that our patient gets enough to sustain his strength. Liquid diet and easily digested solid foods are to be given as regularly as we do our drugs. Milk, predigested foods, and everything which offers no resistance along the line of nourishment will be called into requisition by the wise physician. In this connection I must not omit to mention the value of stimulants in some cases. In patients who are extremely weak, either from the disease itself or from a poorly nourished state of the system existing before the supervention of the carbuncles, it is of the greatest importance to give some stimulant regularly. Whiskey serves us well, but I generally allow the patient to select his own favorite liquor. I give stimulants often enough to keep the volume of the pulse good. There is no rule better than the one Jurgensen lays down; this, he says, "is the rule of consistency." He explains this by saying that stimulants should be given to produce the effect we desire. We must not stand on quantity or dosage; effect on the pulse is what we must obtain; if large doses are requisite and frequent dosage is necessary we must bring both to bear.

The old writers on surgery and practice advocated the abstraction of blood and the employment of drastic purgatives. It is not worth serious argument to convince the practitioner of the

present day that such practice tends to intensify all the serious factors in the case.

I shall now speak of the treatment of carbuncles by drugs and by surgical means. Let me consider the treatment under two heads: First, the internal treatment; second, the treatment by local applications and surgical procedures. By the internal remedies are meant not, of course, foods and stimulants as have already been mentioned, but pure medication to correct the blood dyscrasia which gave rise to the carbuncular conditions. Iodides and sulphide of calcium have been administered, but they are not now relied upon by the profession. Both of these agents have utterly failed to modify in any way the progress of a carbuncle, and they have been tried thoroughly. Iron has also been tried, and it, too, has failed, and is not now relied upon by the profession. For some months I have relied upon echthol as an internal medicine. I have notes on fifteen cases treated with this agent. I employ it in doses of a teaspoonful every two hours. Its internal administration is the only drug which I can say has ever seemed to abbreviate the carbuncle. It is a corrector of blood dyscrasia, and in the best sense an anti-purulent. In this connection we may say that an anti-purulent is just what our therapeutics has lacked, and it is the first need of the practitioner when he has a carbuncle under his charge. Ordinarily I give no other internal remedy than echthol. This remedy I continue until the patient has been discharged. But as improvement becomes marked and steadfast, I allow the interval between the doses to grow longer. First, he is given the remedy every two hours, then every four as he gets along substantially well. This given in doses of a teaspoonful acts very promptly in giving, as it were, a check to tissue disintegration. Of course, opiates are often called for to overcome the pain present, in some cases to an almost insufferable extent. Papine is the best way to exhibit this agent, since it does not produce interference with the secretions as in the case with other opiates. I give it in doses of a teaspoonful every one or two hours until the patient has obtained relief from pain.

Coming now to the measures which should be employed locally and surgically, let me say that this part of the treatment is as important as the giving of internal remedies. During the time the inflammation is beginning and up to the time when there is

sufficient pus in the pointing carbuncle to justify an incision, I employ flaxseed poultices. These soothe and hasten the formation of the pus. An incision is now made, and the pus all emptied; the cavity is scraped and all the dead inflamed tissue is removed. It is then carefully cleaned with peroxide of hydrogen. Then absorbent cotton saturated with ecthol is applied to the exposed and adjacent surfaces. This is to be reapplied every four or eight hours, as the case in hand seems to warrant. Each opening is to be treated in this manner, and when we see a case of carbuncle with several centers ready to open we should remove as much of the diseased tissue as possible. Great freedom in the employment of the knife often greatly aids us in bringing about a speedy termination of the case in hand. It is the best thing we can do for our patient to lay the carbuncle open and remove all the diseased tissue, and treat the lesion then with ecthol locally. If we employ this agent as our internal remedy, and use it also as a local application, we shall find that our treatment will prove more effective than by methods employed formerly.

I have treated fifteen cases of carbuncles in the manner here outlined, and the duration in each case has been greatly shortened, and the patients naturally got up with less weakness than they otherwise would.

Before employing this agent, a carbuncle meant a long spell, and death or long-continued convalescence. The average duration of my cases under this treatment has been ten days.

I now give a brief account of several cases treated by the method I have here advocated:

S. C. T., aged thirty-seven, a miner by occupation. He had been a sufferer from malarial fever for a month or so, but was able to work. He had a carbuncle about the size of the palm of the hand on the neck. There was a great deal of pain, and fever of 101° F. was present. His carbuncle had five heads or points, and seemed to invite incision, they showing the presence of pus. This was thoroughly opened and the diseased tissue was removed as thoroughly as possible. Peroxide of hydrogen was used to clean out the diseased cavity well, and then absorbent cotton saturated with ecthol was applied constantly throughout the course of the disease. Ecthol in doses of a teaspoonful was given every two hours. This patient began to improve at once

and there was no retrogression. The carbuncle began to take on a healthy action, and this patient was discharged nine days later.

Mrs. B. K. Y., aged forty-seven, had a carbuncle on her face. This was attended with high fever and delirium. This carbuncle had three openings. It was treated as in the former case as regards the local and surgical means employed. Besides these she had to take predigested milk and considerable quantities of wine, so weak was she. She took echthol internally also, in doses of a teaspoonful every two hours.

J. C. P., aged fifty-five, had a carbuncle on the nape of the neck. He had been a sufferer for years with asthma, and was in a low state of health. This patient I regarded as one who would give me serious trouble, and who would in all probability die. The carbuncle was freely opened and treated in the same way as the first case here recorded as regards the surgical and local measures. He was from the first given predigested foods and stimulants, and echthol was the only internal medicine he received except some papine to relieve the pain. This man went along slowly, but he recovered fully, and was able to go about his work seventeen days from the time I first saw him.

These cases are selected because they are ones which would test the efficacy of a treatment.—*The Cincinnati Lancet-Clinic*, April 29, 1899.

The American Electro-Therapeutic Association.—The ninth annual meeting of the American Electro-Therapeutic Association will be held in Washington, D. C., on September 19, 20 and 21, 1899, under the presidency of Dr. F. B. Bishop of Washington. Quite a number of papers of great scientific value have been promised, and the committee of arrangements insures the members a very entertaining and pleasurable meeting. Aside from the sessions of the Association, the committee has completed arrangements for a trip to Mt. Vernon, one to Arlington, and several other social features. The headquarters of the Association will be at Willard's Hotel, where special rates will be given to members and their families during the meeting.

CORRESPONDENCE.

AN IDEAL TISSUE BUILDER.

A great desideratum in the medical practice is an ideal tissue builder. The busy practitioner frequently finds himself at a loss to decide upon the most efficient remedy for a given case, in spite of the great variety of drugs from which he may select. This is especially true in cases where tissue changes and waste are continuous, and where it is necessary to check the disintegration and repair and restore the waste of cellular tissue, resulting from established cachexias. In these cases remedies are required both for their antidotal properties and their food values. Under these circumstances that remedy which most nearly meets the requirements of the case is of most value.

I am rarely constrained to lend my endorsement to any proprietary remedy, though admitting in a general way that many of them are excellent for the treatment of diseases for which they are recommended. But I have found in the use of Cord. Ol. Morrhuæ Comp. (Hagee) such marked benefit that I feel justified in calling the attention of the profession to its merits, both as a medicine and tissue builder. Its elegance and excellence as a pharmaceutical product, the ease with which it is assimilated, its retention by the most delicate stomachs, all make it desirable for exhibition in cases where the principal indication is to guard the patient's stomach. Used in anemic conditions associated with chlorosis, when the catamenia are slow in asserting themselves or dysmenorrhea exists on account of a deficiency of red blood corpuscles, or in cases of menorrhagia requiring the use of a tonic, I have secured excellent results, and have seen patients rapidly relieved of untoward symptoms, while in debilitated conditions following typhoid fever when convalescence is slow, the effects of the remedy are all that can be desired. During convalescence from pneumonia, when resolution is slow, and the normal respiratory murmur is not rapidly established, I know of no better remedy. I have used it satisfactorily with children recovering from summer diarrhea, in connection with milk or some of the most desirable baby foods upon the market.

In the primary stages of phthisis pulmonalis, I have confidence in its curative powers, while it has proved of advantage in my hands in all stages of the disease. It is particularly in those cases when the stomach becomes so rebellious and so intolerant of medication that I have found this remedy well borne and beneficial to the sufferer. I could cite many cases in which I have used the Cordial, but will only subjoin one for the consideration of the profession:

M. H., female, white, aged 16, American, tall, slim, slightly cachectic, poorly developed; general health below normal, suffers from amenorrhea, has some cough; mammary glands undeveloped; pulse 90; elevation of temperature one-half degree above normal; no expectoration with cough; no sinking of tissues above clavicle; slight dullness on percussion in apices of both lungs; auscultation reveals dry valves in apices of both lungs; slight hoarseness. History shows that menses appeared at fourteen and were regular for three or four months, though scanty and painful, then ceased and had not reappeared up to present date. Prescribed Cord. Ol. Morrhuæ Comp. (Hagee), teaspoonful four times per day; tinct. ferri chlorid, ten drops three times per day; and occasional hot hip baths. The menstrual flow was re-established in two months and recovery was rapid and uneventful. At this time the patient is in excellent health and has had no tendency to relapse to her former condition.

N. M. BASKETT, M.D.

Moberly, Mo.

American Medical Association.—The following is a list of the officers elected at the recent meeting to serve during 1899–1900: President, W. W. Keen, Philadelphia; first vice-president, Chas. A. Wheaton, St. Paul; second vice-president, E. D. Ferguson, Troy, N. Y.; third vice-president, J. M. Allen, Liberty, Mo.; fourth vice-president, Wm. D. Middleton, Davenport, Iowa; treasurer, Henry P. Newman, Chicago; secretary, Geo. H. Simmons, Chicago; assistant secretary, J. A. Joy, Atlantic City, N. J.; chairman, committee of arrangements, Philip Marvel, Atlantic City, N. J.; librarian, Geo. W. Webster, Chicago; board of trustees, E. E. Montgomery, H. L. E. Johnson and C. A. L. Reed, re-elected.

ST. LOUIS

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A. H. OHMANN-DUMESNIL, A.M., M.D.,

Editor and Proprietor.

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EDITORIAL.

THE STANDARDIZATION OF DRUG EXTRACTS.

We have been told for years that medicine is an art and can never aspire to the higher plane of a science. This may be true, but it is equally true that the right efforts made in the proper direction will have the effect of bringing the art much nearer to the desirable state of being a science than if drugs are made in that haphazard manner in which they have been prepared in the past. Of course there is to our knowledge an honorable exception to this, and the firm which has derived its methods from the Pharmacopeia and produced reliable, standardized preparations, has given to the medical profession reliable tools with which it might work. It is a notorious fact, or should be, that no two parcels of such strong and important drugs as hyoscyamus, belladonna, nux vomica, opium, aconite, digitalis, etc., contain exactly the same proportion of active principles, and the varying conditions under which they are grown, gathered and cured, produce marked fluctuations

in the percentage of the active principle present and corresponding fluctuation in medicinal power.' This naturally deprives all treatment of precision, and makes the use of such preparations, at times, positively dangerous to the patient.

To obviate this it certainly stands to reason that chemical and physiological assays of crude drugs should be made, and the resulting preparations adjusted to a fixed standard of medicinal power. The Galenical preparations must be standardized if the profession is to employ them, and this very standardization should be the duty of the revisors of the Pharmacopeia. They have already adopted standards for opium, nux vomica and cinchona. There is no reason why they should not do so for a large number of important drugs which are equally as toxic, or more so. It is not necessary to have chemical tests to standardize, for these often fail, but the pharmacological test will always be found adequate and satisfactory. Physiological assay methods are productive of such good results that no excuse will hold any longer for the neglect of the standardization of drugs.

We think that it is the duty of the Committee of Revision of the U. S. Pharmacopeia to take this matter into serious consideration, as it is a matter of the deepest moment to the medical profession, and should be equally so to the pharmaceutical. Physicians are daily manifesting their disinclination of working in the dark, and they very truthfully complain that they do not know what they are giving their patients unless they can obtain the products of manufacturers who standardize their drugs. We would urge this matter, as it is of the highest importance to the public as well as to the medical profession, and the adoption of standards of strength for drugs would inevitably work to the advantage of the medical and pharmaceutical professions and of the community at large.

THE LAW AND THE CODE OF ETHICS.

When the framers of the Code of Ethics evolved that ponderous document, commercialism in the medical profession had not yet assumed the proportions which it presents to-day. Honesty in the profession prevailed to a greater extent and the physician feared the moral condemnation of his colleagues. But all this has been changed. A great number of the men who should be exemplars of their profession are but too prone to say of the Code

what Vanderbilt is credited with having said of the public. These individuals are upheld in their course by the knowledge that the law does not recognize the Code in any way, shape or form. This may be moral turpitude considered from the point of pure ethics, but law has very little to do with ethics of any sort. It has been decided, and this is a precedent, that an incorporated medical society does not possess the power of expelling a member unless he has been convicted of some crime by a court of record. It may seem strange that a body which can make a member does not possess the power to unmake him—but that is law.

We are called to make these remarks by an occurrence which took place recently involving the Missouri State Medical Association and the St. Louis Medical Society. It appears that a member of the latter society had his credentials refused by the former, as charges were pending against the delegate. It further developed that the State body formally notified the local society that, unless it purge itself of all of its obnoxious members, its credentials would no longer be recognized, thus barring its delegates from the American Medical Association.

This naturally places the St. Louis Medical Society in a quandary. Being incorporated, it has no legal right to expel the offending members. The other horn of the dilemma is that it will itself be unethical if these obnoxious members remain, and it will not have its delegates recognized either by the State or the National Association. Committees are seeking to formulate means to overcome the condition which is presented; but, unless the charter of the society be surrendered, we cannot see any possible outlet to the position. The situation is rendered still more complicated by threats of litigation if expulsion be determined upon by the members of the society. In addition to this, as the villain in the play has it, "the plot thickens." It is said that a number of members are not exactly immaculate, and we are promised an exciting "rattling of dry bones." There is not one who will tamely submit to be ousted out of the society, so that the difficulties of the situation are increasing at a rate assuming the proportions of a geometric proportion.

Some one has said that medical societies which have an unsullied membership have a very small one. As Mark Twain has so tersely put it, "Be good and you'll be lonesome." It would seem that the root of the whole evil, in so far as the medical profession

is concerned, is commercialism. The dominant idea seems to be to make money, ethically if you can; if not that way, any way so you make money. The physician must keep himself before the public, and the accounts of his wonderful cases and operations are the most potent factors in replenishing the lining of his purse. Such as do this, argue that they are forced to it by the excessive number engaged in the practice of medicine and surgery, which is totally disproportionate to the population. Will the law aid in suppressing this by recognizing the Code of Ethics?

SOLIDARITY.

That which lends strength to any aggregation of individuals is their solidarity. In other words, it is the being shoulder to shoulder in their endeavor to obtain a desired end. In sporting matters it is well known that the united efforts of a club will always defeat individual brilliancy. In social matters it is well exemplified by the force exercised by the Jewish race on account of its solidarity. The Jesuits are to-day a factor not to be despised, because they have never forgotten the lesson of solidarity so ably taught by Loyola. A house which is divided will fall, so will a society in which personal conditions are not made subservient to the common weal. The armies which have crowned their arms with victory have always presented a solid phalanx to the enemy. This is a position which will certainly not be disputed by those who have given but a small degree of attention to matters of daily occurrence, as well as those recorded in the history of the past.

We have noted with many regrets that this solidarity, this strong element of success, is sadly wanting in the medical profession of this country, but more especially in our own vicinity. There is too much of the idea prevalent that each one should take care of himself, but we are afraid that the other half of the saying is more in accordance with the facts as they exist. Why is it that physicians in the regular profession will not be as one instead of quarreling and fault-finding as they do now? Why do rings, coteries, small clubs, exclusive societies exist? These only tend to narrow the path which should be broad-gauge enough to permit all to travel on it unrestrained.

The medical profession is continually making complaints of its failure to secure such legislation as it considers adequate. It

complains, but makes no effort. The major portion depends upon a few to do all the work. We will venture to affirm that if the entire profession of any State were to direct its efforts to the end of procuring a legislative enactment, this exhibition of solidarity would bear fruit of the most satisfactory kind. This has been exemplified in the cases of the various irregular schools who have always acted as one, and in that manner have obtained satisfactory results under apparently the most adverse conditions. It is in this State more particularly that this has been exemplified, and for that reason it is most particularly applicable to it. A committee on legislation appointed by a State medical association is not equal to the task of procuring needed legislation. It requires the earnest work of every member of the medical profession, irrespective of societies, to accomplish this. In other words, it is necessary for it to exhibit its solidarity.

AN IMPORTANT INJUNCTION.

As will be seen in another part of the JOURNAL the California Fig Syrup Co. has secured an injunction against all imitators of the name of Syrup of Figs, and their assumption of the name or of others similar to it. This is but just and proper, and we are pleased to note that the courts have recognized the claims of this company. This product is so superior that we are not surprised that imitators should have gone into the field.

Venereal Disease in the British Army in India.—Out of an actual strength of 16,600 British troops proceeding on service in the recent campaign on the Northwest frontier, 492, or three per cent., were incapacitated during the campaign on account of venereal disease. The 16,600 troops were drawn for service from a force of 21,439 men. Of this number 989 were rejected as unfit for service on account of venereal trouble. Hence 1,481, or nearly seven per cent. of the total strength of the army, was disqualified for service.—*Medical Record*.

MEDICAL PROGRESS.

MEDICINE.

Typhoid Fever as a Systemic Disease of Manifold Manifestations.—It has become so common to regard typhoid fever as a local affection the lesions of which are situated in the lower part of the small and the beginning of the large intestine, that the essentially systemic character of the disease has been more or less lost sight of. Of course it is clearly understood that the absorption of toxins from the typhoid ulcers in the bowel gives rise to very prominent constitutional symptoms, while the occurrence of spots on the skin shows a cutaneous attempt at one stage of the disease at least to eliminate certain toxic substances, biological or chemical in nature, from the circulation.

Most of the pharmaceutic schemes of treatment planned for typhoid fever, however, are limited to the use of drugs that act upon the intestinal tract. Intestinal antiseptics has been a favorite catchword of the ambitious therapist in many diseases beside typhoid, though each new attempt to create this condition has proved as ineffectual as the last; further therapeutic claims in this line gain a ready hearing if they but seem to be bolstered up by a pretended successful clinical experience. Of late years, however, we have come more and more to the realization that typhoid fever is as characteristically a constitutional disease as measles or scarlet fever. The main lesions in both of the latter diseases are situated in the upper air passages; but we by no means consider that the angina of scarlatina or the severe coryza in measles constitutes the essence of either disease or furnishes the only indications for treatment. Prof. Chiari's work at Prague has shown that typhoid not infrequently limits itself to the bile passages, and this notwithstanding all that we have recently learned about the bactericidal power of bile. Osler's work in this country, besides confirming Chiari's observations as to typhoid localization in the bile passages, has served to show that, exceptionally at least, the lesions of typhoid fever are limited to other localizations—the spleen for example. Certain French clinicians claim to have observed typhoid fever of

the meninges or a fibrile disease in which the only possible cause discoverable was the presence of Eberth's or Jaffky's bacillus on these membranes.

Even where the lesions of typhoid fever are limited to the digestive tract we are gradually being brought to realize that they need not necessarily be localized within the immediate neighborhood of the cecum, but under special conditions of

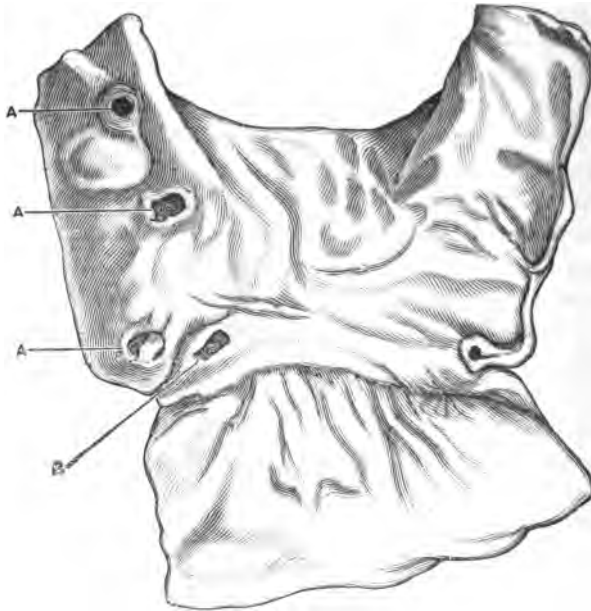


FIG. 1.—Drawing of the pyloric and of the stomach in a case of enteric fever; *a*, acute perforating ulcers with clean bases; *b*, an ulcer with adherent slough.

poorly resistive vitality typhoid ulcers may occur in other parts of the gastro-intestinal tract. A striking illustration of this is afforded by one of the plates in Prof. Hare's new book on "The Medical Complications of Typhoid or Enteric Fever."* The illustration which we present herewith reproduces a set of typhoid ulcers that had developed in the stomach of a young girl who succumbed during the third week of her attack. Four

*The Medical Complications, Accidents and Sequelæ of Typhoid or Enteric Fever, by H. A. Hare, M.D., with a special chapter on the Mental Disturbances Following Typhoid Fever, by F. X. Dercum, M.D. Lea Brothers & Co., Philadelphia and New York. 1899.

well-defined ulcers were noted in the pyloric region, one of which presented a loosely adherent slough. It appears that under certain circumstances not well understood as yet, a diseased condition of the solitary glands of the gastric mucosa may give rise to a form of perforating ulcer of the stomach which closely resembles the idiopathic ulcer of typhoid fever, as that lesion is usually observed in the ileo-colic region of the intestine. It is interesting to note that in this case there was no hematemesis to arouse suspicion of ulcers of the stomach.

The great diversity of typhoid complications has by no means received the general attention the importance of the subject deserves, and we venture to predict that by their more diligent study many dark places in both diagnosis and treatment will be made plain. In this direction Dr. Hare, with characteristic energy, has taken a long step.

THERAPEUTICS.

Prevention of Hay Fever.—In the January 21st, 1899, number of the *Journal of the American Medical Association*, Dr. Alexander Rixa of New York contributed a very interesting article on "Prevention of Hay Fever." After a highly interesting historical review, and a brief survey of the results achieved in the past few years, the writer resumes the results of his own investigations.

His ingenious researches for a number of years regarding the etiology of hay fever lead him to admit that the pollen of the Roman wormwood, ragweed (*ambrosia artemisiæfolia*), is the primitive and active cause of this peculiar disease. By inhaling these pollen he produced the symptoms of genuine hay fever. He writes as follows:

From the time I found the pollen to be the exciting cause of the disease, I concluded in a logical way upon the proper treatment. I conceived the idea of rendering the receptacle aseptic by preparing the soil for the reception of the pollen. Naturally they will find no proper soil for a possible generation, propagation or development—destroying their existence in embryo, so to speak, and with it the real cause of hay fever. For this purpose I decided on the following treatment:

About two weeks before the onset of the disease I commence to irrigate or sterilize the nasal cavity and the post-nasal spaces

with a harmless antiseptic solution, using the douche and atomizer. After giving a great number of antiseptics a fair trial, I decided on hydrozone as the most innocuous and most powerful germicide. Hydrozone is a 30-volume aqueous solution of peroxide of hydrogen. At the beginning I use it for irrigation diluted in the proportion of one ounce of hydrozone to twelve ounces of sterilized water. Nearing the period of the expected onset of the disease I increase the dose to two or three ounces of hydrozone to twelve ounces of the sterilized water, according to the severity of the disease, using the douche, either tepid or cold, four times a day—morning, noon, evening, and at bedtime—while during the intervals I use the atomizer, with a solution of hydrozone and pure glycerin or sterilized water, one to three, thus keeping the nares perfectly aseptic during the entire period, and preventing the outbreak of the disease in consequence thereof.

In most obstinate cases, when there is still some irritation in the nasal cavity, I give as an adjuvant the following prescription:

R	Acid Boracic	gr. xx.
	Menthol	gr. iv.
	Glyco-thymoline	ʒij.
	Sol. eucain B. 4 per cent., q. s. ad	ʒij.

Sig. Use in atomizer.

As a rule, this treatment was sufficient to avert the disease and keep the patient in perfect comfort.

Anemia of Functional Neuroses.—Dr. H. J. Boldt, in an article on "Functional Neuroses," read before the New York Academy of Medicine, says that to overcome the anemia so often associated in this class of cases, I have found the solution of bromide of gold and arsenic to be among the most servicable drugs at our disposal, beginning with five-drop doses in a glass of water after meals, and increasing one drop daily until from fifteen to twenty drops are taken. The red blood corpuscles and the percentage of hemoglobin are rapidly increased with the use of this drug. Occasionally, however, we do find a patient with whom it disagrees, when we must resort to other remedies. The gold solution has also a decided effect on the inflammatory conditions of ovaries. This was pointed out by an author in a European journal ten or twelve years ago, and has been employed during that period by me. Since the introduction of Dr.

Barclay's solution, which is a combination with arsenic, it has been used with better effect than the chloride of sodium and gold in pill form. Barclay gave the name *arsenauro* to his solution for the sake of brevity.

Treatment of Dysentery.—Dr. Christopher C. Cronkhite (*Medical Review*, May 20, 1899) gives an interesting account of an epidemic of dysentery in which he had an opportunity of treating twenty-three cases. Owing to the bad hygienic conditions prevailing it was found very difficult to successfully combat the disease. The treatment consisted chiefly in the administration of tannigen in doses of 5 to 10 gm. every three or four hours, according to the age, in connection with the necessary dietetic regulations. In some cases its use was preceded by small doses of calomel given for the purpose of cleaning the alimentary tract. Under this treatment the fatality in twenty-three cases was only two, and these, the author believes, would have recovered with careful and intelligent nursing. On the ground of two year's observation, he states that in diarrhea tannigen is his first and last remedy; that it will cure ninety-nine of every one hundred cases, and that the physician can use it with absolute confidence in its powerful curative properties in dysentery and diarrhea.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Urinary Infection; Its Prevention.—Dr. Henry Dowd, in the *Buffalo Medical Journal*, May, writes as follows: "Conscientiously I cannot recommend internal medication for the destruction of bacteria developing along the genito-urinary tract; furthermore, urinary antiseptics have been overestimated, except in tubercular conditions, where creosote or its derivatives will, to a certain extent, prevent the growth of these specific bacteria. To be sure, drugs recommended for this purpose, when placed in freshly passed urine, will keep it for a longer time without other development than if no drug was used; but the same drug passing through the system, meeting as it does the different chemical substances, to my thinking, are so changed that when it reaches the urine the power of bacterial destruction is lost. Bacteriuria has a definite cause; discover and remove this and these germs will disappear from the urine. Of the numerous cases which I have been called to operate upon for retention, extravasation, and the like, with but an hour's notice, my results

have been just as good as though these patients had been medicated for two or three days previously in trying to obtain an impossibility. Remember the fact that it is just as possible to have an antiseptic operation field as it is for the abdominal surgeon to have the same."

Points in Favor of the Use of Alcohol and Their Refutation. — Dr. Bienfait, in the *Gaz. Heb. de Méd. et de Chir.*, April 13th, examines, point by point, the various objections to total abstinence:

1. Is alcohol a digestive? No; its ingestion produces a passing excitation; interrupts the proper action of the muscles of the stomach, because alcohol acts as an anesthetic after having irritated the walls of this organ; and it drives the blood to the skin, and so interferes with the action of the gastric juice.

2. Is alcohol an appetizer? No; it produces an excitation of the stomach which causes a sensation taken for hunger.

3. Is alcohol a food? No; it does not correspond to the definition of a food, and the heat that it seems to produce does not serve as actual warmth.

4. Is alcohol heating? No; it causes a flow of blood to the skin and a lowering of temperature.

5. Is alcohol a stimulant? In no case, either physical or mental.

6. Is alcohol a protector against contagion? No; it predisposes the body to contagion.

7. Can we live without alcohol? This idea that we cannot live without alcohol is a prejudice that numerous facts contradict.

8. Is alcohol good for children? It should never be given to children.

9. Does alcohol increase longevity? According to reliable statistics alcohol diminishes longevity.

DISEASES OF WOMEN AND CHILDREN.

A Mummified Fetus Expelled Three Days After Accouchement.—M. Brindeau and M. Bouchacourt (*Indépendance médicale*) related recently to the Obstetrical Society of Paris a case in which a primipara expelled during a vaginal injection a fibrinous clot three days after a normal accouchement. Radiography showed that this pseudo-clot consisted of a mummified fetus

whose skeleton was almost complete. The authors regard it as probably a case of superfetation, for ten months and a half elapsed between the cessation of the menses and the accouchement. One fetus probably died after three months of intra-uterine life, while the other, notwithstanding, continued to develop to term. Examination of the placenta showed nothing abnormal.—*N. Y. Med. Jour.*

Painful Menstruation.—Dr. Lawrence, in the *International Journal of Surgery*, concludes as follows:

1. Painful menstruation is not a disease, but merely a symptom found in various pelvic diseases.
2. Those classifications which place it as a disease are misleading and should be discarded.
3. The physiology of menstruation, a thorough knowledge of pelvic pathology, and a broad, careful habit of study and thorough case-taking are necessary in order that menstrual pain be rightly construed.
4. Many of the cases due to the uterus, tubes or ovaries may be cured in the early stages by simple means, whereas neglect places them in a position demanding serious operative treatment.
5. Painful menstruation in a sterile patient is strong evidence that there is tubal inflammation with occlusion of tubes.
6. Operative procedures should be reserved for those cases in which there is a positive pathological indication; neurotic and anemic cases being treated by other and more appropriate measures.
7. As a symptom, menstrual pain is often of such grave import that it should always receive the most painstaking study. If this should be the rule, many patients will be cured without operation.

SURGERY.

Ingrowing Toe-Nail: A Comparison of Methods of Operation.—Dr. E. M. Foote presented to the New York Academy of Medicine, in connection with a paper bearing this title, a boy whose toes he had recently operated upon. After reviewing the literature and calling attention to the fact that about seventy-five operations had been devised for the relief of this common affection, he pointed out that every part of the nail grew out straight from the corresponding part of

the root, and that, therefore, to effect a permanent removal of the disability, it was only necessary to remove the corresponding part of the matrix, and was not at all necessary to remove the overlying skin. This was the basis of the operation advocated by him in the paper. The parts having been properly disinfected, a ligature was applied around the toe, and the parts were cocaineized and again disinfected. The incision began at the free end of the nail and continued through the skin overlying the matrix. Two little skin-flaps were reflected from the root of the nail, and, after carefully dissecting out all trace of the matrix, the flaps were brought together and united by several interrupted sutures. The large raw surface left after the Cotting operation took from three to six weeks to heal, but as the toe was more pointed than before, it might not be looked upon with disfavor by some persons. Another method consisted in removing a wedge-shaped piece of skin and subcutaneous fatty tissue around the toe, and suturing the ends of the wound.

Dr. C. N. Dowd said that the method described in the paper certainly promised well, because the matrix of the offending portion of nail was removed effectually, and without causing deformity. A few years ago he had reported a number of cases treated somewhat after the method of Angier, except that not so much tissue had been taken away. Since then he had done an operation similar to the one described in this paper, except that more of the side of the toe was removed. If the matrix was carefully dissected away down to the bone, and, if necessary, back almost to the joint, he felt sure there would be practically no recurrence.

Dr. J. E. Erdmann said that in the last few years he had entirely discarded sutures, simply putting a bandage around the toe and letting the patient go about as usual.—*Med. Rec.*

Surgical Hints.—In wounds of the liver use gauze packing to stop the hemorrhage. It is safer than suture, and decidedly more effective than the application of the cautery.

In the treatment of burns it has been noticed that, for some unknown reason, the application of vaseline sometimes increases the pain. If this occurs, stop using it.

In amputations, remember that the muscles will retract much more in traumatic cases than in limbs long affected by disease, in which there has been atrophy from lack of function.

When treating chancroids you will often find that some of these sores get worse under treatment by irritating substances, such as caustics and most antiseptics. When this occurs try lead and opium wash.

Persistent pain over the seat of an old fracture is nearly always benefitted by the internal use of iodide of potassium, with the application of iodine or a mercurial ointment externally at the seat of the pain.

Beware of using dry iodoform gauze in a septic cavity. It cannot act as a drain unless it is constantly kept wet. Use the plain sterilized or the bichloride gauze, under a dressing kept wet by rubber protective.

In the absence of other local anesthetics, any of the carbonated waters in syphons, spurted for a long time over the part, will produce enough insensibility to allow of the painless performance of rapid minor operations, such as opening abscesses, etc.

Blows and contusions of the abdomen may give rise to most severe injuries without producing immediate serious symptoms. People have been known to walk for miles after injuries that proved fatal in a short time. Always insist on immediate rest and the recumbent posture.

When removing tonsils it is often found that there is some difficulty in getting the tonsils within the fenestra of the guillotine. In these cases the tonsil can usually be easily pushed in by pressure on the neck over the site of the tonsil with the fingers of the unoccupied hand.

Never attempt the removal of a needle concealed in the hand or the sole of the foot without obtaining an X-ray picture beforehand, if possible. It will save many disappointments, as they are exceedingly hard to find. Then, unless impossible for anatomical reasons, make your incision at right angles with the shaft of the needle.—*International Journal of Surgery*, April, 1899.

DERMATOLOGY AND SYPHILOLOGY.

Influence of Race and Climate in Leprosy and Tuberculosis in Japan.—The following extract is from the pen of a Japanese physician, and contains some important facts: Among the classes backward in development leprosy still preserves its

sway. In Japan the population may be divided into three classes. In the rich, noble class, almost pure Indonesian blood, in-breeding of four families for twelve hundred years, leprosy is very rare. In the great middle class it is more frequent. Among the outcasts, the Eta, the negroid element, it is rampant. In the first class tuberculosis makes numerous victims—more than in either of the others; in the second class syphilis is the prevailing scourge, and has been so for thirteen hundred years; the third, as before said, is a prey to leprosy. These three different bacilli seem to have picked out their grounds during thirteen hundred years, in which the closely hemmed in and isolated empire has been preyed upon by them. By changing the environment congenial to the microbe one can change his characteristics. A change in the conditions of the lower class in Japan to the higher plane would probably produce a corresponding change in the bacillus. Two factors are necessary for the prevention of leprosy: obstacles to inoculation—that is, isolation and improvement of the human class preferred by the bacillus. The Ainos of Japan, who have always been isolated from the Japanese, have never contracted leprosy. Yet they are the greatest salt-eaters on the earth. This might be considered as an isolation of the healthy. It is our desire to have the whole human race isolated in the Aino manner. We do not know, of course, whether the Ainos have ever been inoculated. One individual would have acted as a nucleus for the disease. It is very probable that in the course of twenty centuries one or more Ainos were inoculated, however well isolated they were. Although shunned by the Japanese because of their hairiness, as the country was after all a leper centre, some individuals were contaminated. Some poor Aino must at some time have joined the company of some outcasts in the Eta village. The inoculation is certainly probable; and the absence of the disease among the Ainos is certain. We assume, therefore, that the Aino has immunity, or that the bacillus does not prosper in Aino flesh. Now here is a curious remark: "There has always been a suspicion that fish diet had something to do with leprosy. Now the leprous Japanese eats a great deal of fish and no meat, while the Aino feeds on bear meat and is not very fond of fish; he is, in fact, a nomad, consequently a hunter."—HUTCHINSON'S *Archives of Surgery*.

Ringworm of the Scalp Treated by Sodium Chloride.—Dr. Perkins writes to the *London Lancet* that for fifteen years he has treated every case of ringworm which has come under his care with chloride of sodium, and with complete success in every case. The first case in which he used this treatment was a chronic one of five years' standing. The child was well in three weeks, and had no return. Many of the cases which have been attended since have been of chronic character. His method is the following: Have some chloride of sodium finely powdered, and then mix with a little vaselin to make an ointment. The affected part having been shaved, rub this ointment in well night and morning until the place is sore; this takes from two to four days. Then use some simple application to aid the healing of the part. When well from the soreness, the hairs will be found growing healthily and the tinea trichophyton destroyed.—*Louisville Jour. Med. and Surg.*

GENITO-URINARY SURGERY.

Chronic Appendicitis the Chief Symptom and Most Important Complication of Movable Right Kidney.—Dr. George M. Edebohls, in a recent article on this subject, makes the following summary:

Chronic appendicitis, as proven by the writer's clinical and operative work, is present in from eighty to ninety per cent. of women with *symptom-producing* movable right kidney. This frequency constitutes chronic appendicitis one of the chief, if not *the* chief, symptom of movable kidney.

Chronic appendicitis, by reason of its frequency, the protracted suffering and serious impairment of health which it entails, and the dangerous possibilities of implanted acute attacks of appendicitis, may be considered the most important complication of movable right kidney.

The writer's statistics show that twenty per cent. of all women have movable kidney or kidneys; that four per cent. of all women have *symptom-producing* movable kidney or kidneys; that four per cent. of all women have appendicitis; that, while three and one-half per cent. of all women have both *symptom-producing* movable kidney and appendicitis, only one-half per cent. of all women have appendicitis and well anchored kidneys.

The startling nature and importance of the conclusions to be drawn from these statistics does not invalidate the latter.

Satisfactory investigation of the relations of movable kidney and appendicitis became possible only after the discovery and elaboration of the writer's method of palpation of the vermiform appendix. It remains impossible to those not practically familiar with the method.

Chronic appendicitis may be the *only* symptom of movable right kidney.

Some of the symptoms commonly ascribed to movable kidney are often in reality due to the concomitant appendicitis.

The relations existing between movable *right* kidney and chronic appendicitis are those of cause and effect, for reasons detailed in the paper. A movable *left* kidney never produces appendicitis.

Movable right kidney probably produces chronic appendicitis by indirect pressure upon the superior mesenteric vein, the return circulation of the appendix being hampered by compression of the vein between the head of the pancreas and the spinal column.

Chronic appendicitis associated with movable kidney shows no tendency to resolution or spontaneous cure, with restoration of a normal appendix, while the right kidney remains movable. The only cure possible, under these conditions, is by slow progress to appendicitis obliterans.

In twelve of the writer's cases of coexisting movable right kidney and appendicitis, the appendicitis apparently ended in resolution and remained permanently cured, after right or bilateral nephropexy, without any attention to the appendix.

Recovery from appendicitis after right nephropexy may only be expected in cases in which the associated chronic appendicitis is of comparatively recent origin.

In a minority of cases only of associated movable right kidney and chronic appendicitis will either nephropexy alone, or appendectomy alone, meet *all* the indications. The majority of patients require both operations to restore them to *full* health.

Both operations, right nephropexy and appendectomy, may be simultaneously performed through one and the same lumbar incision extending along the outer margin of the erector spinæ muscle from the twelfth rib to the crest of the ilium.

Diagnosis and Treatment of Rupture of the Bladder.—Dr. Paul Thorndike (*Journal of Cutaneous and Genito-Urinary Diseases*, May) formulated his remarks as follows:

Immediate operation should be performed in all cases where a rupture is known to exist.

In all intra-peritoneal cases immediate laparotomy should be performed and the wound in the bladder sewed up.

In all cases where there is any doubt as to whether the rupture is extra- or intra-peritoneal, immediate laparotomy should be performed.

In all extra-peritoneal cases where there is any doubt as to the direction and extent of the extravasation, laparotomy should be performed at once for exploration and diagnosis, and should be followed by the operation appropriate for the drainage of the case.

There remains only the cases where the rupture is known to be extra-peritoneal, and where the extravasation is known to be limited to the prevesical space as the ones where it is safe to drain above or below or both without an investigation of the bladder and its neighborhood through an abdominal incision.

OPHTHALMOLOGY.

Effects of the Arc on Eyes.—The report of Tracinski, in the *Zeitschrift für Beleuchtungswesen* (April 30), gives the result of investigations in connection with the operation of the Zerener arc welding process, which is now coming into use quite largely. The operator wears a pair of spectacles of dark, smoked glass, besides which he looks through a pane of deep red glass, which is connected with the apparatus. The action of the light is sufficiently reduced by this means, says the *Progressive Age*. He tried using the red glass alone, but it affected his eyes for some time after. The workmen who are using this apparatus at first experience pain in the eyes at night, but later on this disappeared; the sight, however, was not affected. He concludes that no permanent ill effects are produced if proper precautions are taken, and if the operator becomes gradually accustomed to the work. It is a mistake to have a new operator work a whole day with the arc, as he should begin with a few hours a day until the eyes have become accustomed to it. Only those who have healthy normal eyes should attempt this work.—*Scientific American*.

Sympathetic Ophthalmia.—Mr. C. E. Shaw (*Brit. Med. Jour.*) maintains that the whole weight of experimental and the greater part of clinical evidence either fails to support or is actually opposed to the migratory theory of this disease. We must fall back, thinks the author, on some form of the old theory, that sympathetic ophthalmia is due, in whole or at least in part, to irritation of the ciliary nerves. Possibly the mechanism by which sympathetic irritation is conveyed after injury differs in man from that in the lower animals; a not unlikely assumption when we remember the anatomical arrangement of the whole ocular apparatus in man, designed to secure binocular vision; or possibly the explanation lies in the anatomical and physiological relationships of the nervous mechanism conveying the irritation.—*Ex.*

DISEASES OF THE NOSE, THROAT AND EARS.

Fatal Case of Fibrinous Rhinitis.—Chauveau (*Ann. d. Mal. d. Enf.*) quotes the uniform testimony of authorities that fibrinous rhinitis is usually due to the Klebs-Loeffler bacillus. The staphylococcus and pneumococcus can also cause it, and the former especially had been found in the false membrane which follows cauterization.

Chauveau then reports a case which occurred in a child of six years. There had been several cases of angina in the family, but the patient's throat was not sore. His symptoms consisted of a coryza with fever and impaired general health. The obstinacy of the coryza, degree of obstruction and cervical adenopathy were accounted for by the presence of false membranes in the nose. A meningitis, either consecutive or intercurrent, now supervened, with fatal termination. Cultures made from the false membrane revealed absence of Klebs-Loeffler bacillus and the presence of a mixture of pneumo- and staphylococcus. In the absence of an autopsy Chauveau is compelled to admit that the meningitis might after all have been tuberculous.—*Ex.*

Causes of Ozena.—Meisser (*Arch. f. Laryngol.*) first reviews the history of our knowledge of ozena. Once it was merely a symptom, a collective name for nasal diseases with a fetid secretion. About 1876 the disease atrophic rhinitis was first isolated from syphilis and scrofula. Fränkel, one of its discoverers, thought that the secretions atrophic rhinitis dry and

decompose; also that the disease occurs preferably in broad, depressed noses. Since that epoch many and contradictory opinions have been held as to the nature of atrophic rhinitis and ozena. Some authorities have looked upon it as a result of hypertrophic rhinitis, others as a primary atrophy, others again have thought that it might originate in both ways, while a few believed that they had traced it to purulent rhinitis of childhood. In more recent times several entirely new theories of causation have been advanced. Some believe that the flat, sunken nose of ozena is too wide to discharge its functions correctly—the secretions cannot be kept from drying and decomposing; others see purely a bacteriological causation; others teach that ozena is purely sinus-disease; while a few hold to the trophoneurotic theory. It has been remarked that in atrophic rhinitis the columnar epithelium becomes changed to the pavement form; and this fact has been regarded as an effect rather than a cause.

Meissner rapidly disposes of several of these theories, viz.: sinus-disease (disproved by autopsies); trophoneurosis (unsupported by any evidence); bacteria (never found beneath surface). The older theories have also been disproved. There remain only the broad-nose theory and the fact of epithelial metaplasia. Meissner has made many measurements of the face and nose, and his tabulated figures show that in nearly 100 per cent. of cases ozena occurs in the primitive type of nose, which is much broader and shallower than the typical form, with corresponding internal differences. He further finds that the epithelial transition is not a result of disease, but a congenital anomaly; in unilateral ozena the unaffected side shows the pavement epithelium as well as the atrophic side. These two congenital conditions are amply sufficient to cause the phenomena of ozena.—*Med. Rev. of Rev.*

PROCTOLOGY.

Actinomycosis of the Anus is a very rare affection. Dolore (*Lyon Médical*) gives an account of the first case observed in France. The patient, a man aged fifty-eight, had an ischio-rectal abscess twenty years ago, which rapidly healed; ten years later pain and difficulty in defecation came on, accompanied by dysuria and hematuria. Examination showed that there were fistulous passages and fungating masses around the anus, and that the prostate and bladder were firm and indurated. The primary

infection was thought to have occurred twenty years before, but had remained latent for ten years, and then to have invaded the connective tissues around the prostate and bladder. Professor Poncet, under whose care the case was, further discusses it in a communication to the Académie de Médecine de Paris, September 13th, 1898 (paper in *Lyon Médical*, 1898, vol. lxxxix., p. 137). It appears that there was some doubt as to whether the actinomycosis began primarily in the bladder or in the rectum, inasmuch as the patient had passed grains of corn up his urethra. He quotes Grill's (*Thesis*, *Tübingen*, 1895) statistics to show how rare actinomycosis of the anus is. In 106 cases of adominal actinomycosis, the rectum was affected only in 7. The rectum may be infected either from above (descending infection), the fungus having been taken by the mouth, or in still rarer instances it may be primary, and be the result of the fungus being directly introduced into the rectum (ascending infection).—*Practitioner*.

A Pin in the Rectum for Thirty Years.—Dr. Akers reports the following instructive case—instructive as showing the advisability of digital or ocular examination of the rectum in diseases of that region (*Lancet*). The patient, a man of 58, applied to the author, complaining of severe pain in the rectum on sitting, constant calls to defecation, and great suffering during the act. The feces would come out in thin, long pieces, tinged with blood. The patient had been suffering that way, in a greater or lesser degree, during the last thirty years. He consulted many physicians, but nobody subjected him to a local examination, the treatment consisting in the ordering of morphine suppositories and other local applications. On digital examination the mucous membrane of the rectum at the level of the internal sphincter was found greatly thickened, and above the sphincter, in the right wall of the rectum, could be felt the head and about half an inch of the body of a pin. Under the guidance of the finger the pin was caught by forceps and extracted. All the symptoms, which existed for nearly a third of a century, rapidly disappeared.—*M. S. Bull.*

TERATOLOGY.

Three Cases of Congenital Deficiency of Both Patellæ in Related Individuals—In our issue for February 18th we quoted a case of congenital deficiency of both clavicles. Dr. Maurice G. Pearson (*Lancet*, January 28th) now records three

cases of colored children which illustrate different degrees of deficiency of the patellæ, and are interesting as showing the extent to which growth is an element in its cure. The first two are the only children of one father, while the third is the child of his brother, and has several brothers and sisters whose patellæ are natural. *Case 1:* In this patient, a girl, aged five months, there is a very noticeable transverse groove in the position of each patella, and the finger can be pressed in deeply between the condyles of the femur; the patella itself can be felt as a nodule about a third of an inch in diameter; the quadriceps tendon and ligamentum patellæ are narrow, cordlike bands. Although, of course, the child is as yet unable to walk, she can extend her knee quite well. The movements and limits of movements are natural. *Case 2:* A sister of the above, aged four years, has now patellæ which are only slightly smaller than the average. The interesting point about her is the fact that her mother says her knees were as an infant exactly like her sister's, that she was very long in learning to walk, and that even now she cannot walk for long, and is "shaky on her legs." *Case 3:* A cousin of the others, aged seven months. This girl has also very small patellæ, but not so small as Case 1. She has also the transverse groove less well marked.

A Case of Supernumerary Breasts.—Dr. N. H. Adsit reports the following case to the *Medical Council*: The following case is, I think, rare and interesting. On August 22, 1897, I attended Mrs. C., aged twenty years, in her fourth confinement. A few days afterward she called my attention to some bunches under her arms that were discharging. I found on the anterior borders of both axillary regions what, in shape and appearance, seemed to be miniature breasts about the size of small pullet eggs; the one on the left was the more prominent, and had a small nipple on it. The secretion which came from them was, to all appearance, like the milk that came from her breasts. With her first two children they did not show; with her third they were swollen, but did not discharge, but with her fourth they discharged as long as she nursed her baby. In the morning they would be filled like any breast that has not been nursed for some time, but as soon as she began to use her arms the discharge would be profuse enough to wet her clothes, so that she said she could not wear a nice dress without spoiling it. About a month ago she weaned her baby,

and now the discharge has stopped. The one on the right side is now hardly perceptible, but the one on the left is quite perceptible and the nipple shows very plainly.

NEUROLOGY.

Hysteria Simulating Acute Visceral Inflammation.—

Dr. William H. Robey, Jr., in the *New York Medical Journal*, May 11th, says that despite the increased knowledge of the abdominal cavity and the improved methods of examination, the differential diagnosis between real and simulated pathological conditions is attended with great danger, and in view of this fact he presented a few cases, from which he draws the following conclusions.

(1) The importance of regarding each case as one of organic disease until proved to the contrary.

(2) With persistence of the localization of pain and tenderness: (a) early rectal or vaginal examination; (b) early consultation.

(3) Laparotomy in doubtful cases. As Byron Bramwell says: "The friends of the patient will more readily forgive a laparotomy which finds the viscera in normal condition than a diagnosis of hysteria followed in a few days by death."

MEDICO-LEGAL.

Coroners and Their Duties.—A medical man calls attention in a provincial daily newspaper to the verdict, at an inquest, of "Death from natural causes" in the case of an illegitimate child, who had not previously been seen by a medical man for three months and a half (*Med. Press*). Clearly his contention is right that the coroner should have ordered a post-mortem examination to be made, followed by a full inquiry into the circumstances of the case. In failing to do so the coroner neglected his duty, even if by his action he did succeed in saving the ratepayers of the district a guinea or two. Such cases as these should be brought under the notice of the Home Office. How was it that the child was allowed to die without medical attendance, and how were the jury conscientiously able to return a verdict of "death from natural causes" without the aid of a medical witness?

Evidently English coroners are as lax in their duties as many Americans seem to be. The daily prints should certainly take up these matters and ventilate them a little.

BOOK REVIEWS.

The Diseases of the Nervous System. A Text-Book for Physicians and Students. By DR. LUDWIG HIRT. Translated, with Permission of the Author, by AUGUST HOCH, M.D., assisted by FRANK R. SMITH, A.M. (Cantab.), M.D., with an Introduction by WM. OSLER, M.D., F.R.C.P., F.R.S. 8vo., pp. 715. With One Hundred and Eighty-one Illustrations. [New York: D. Appleton & Co. 1899.]

This work is perhaps one of the most lucid which has been written on that comparatively little known subject—the diseases of the nervous system. The author has made an enviable reputation for himself, not only as a clinician, but as a teacher and a writer. He is also original in his method of treating the subject, as evidenced by the work before us. He is particularly full in his descriptions of the symptomatology and anatomy of the various affections of the brain and nervous system, and a particularly safe guide in the matter of treatment. Not too sanguine on the one hand, nor too pessimistic on the other, he follows a middle course which, in the end, will prove the best and the safest to him who will be guided by the advice laid down before him. We are only sorry that he is not as well known in this country as he is in Germany; but, directly his work is known, a full appreciation of its true worth will follow. He deals with neurology proper, and does not trench upon the domain of psychiatry—that quagmire which has engulfed many a bright intellect in its dark depths.

The work is divided into three general sections and each one of these into parts. The first section deals with Diseases of the Brain and its Meninges, including those of the Cranial Nerves. Part I. is concerned with diseases of the meninges and brain; Part II. with diseases of the cranial nerves; and Part III. with diseases of the brain proper, including cerebral tumors. In the second section we find Diseases of the Spinal Cord. In Part I. we find diseases of the spinal meninges; Part II. is devoted to diseases of the spinal nerves; and Part III. to diseases of the substance of the spinal cord. Diseases of the General Nervous System occupy the third and last section. In Part I. the diseases of the general nervous system without any recognizable anatomical basis—"functional neuroses"—are taken up; whilst in Part II. diseases of the general nervous system with known anatomical basis are considered. It is in this last part that tabes dorsalis is considered. The author very justly considers it a disease of the general nervous system, and not one of the cord

alone. Similar views are given throughout the work, and it is this method of treatment of his subject which not only makes the work interesting, but adds to its value as well.

The translation is a most excellent and critical one, which has passed through competent hands. The illustrations, for the most part original, are excellent and demonstrative in a high degree. To all those who desire clear and definite ideas on the diseases of the nervous system we can unhesitatingly recommend Hirt's Text-Book. To those already competent in neurology we recommend it as a good exemplar of clearness and as a work full of originality and free from any sort of eccentricity.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Penna.) Vol. I., Ninth Series. April, 1899. 8vo., pp. 303. Illustrated. [Philadelphia: J. B. Lippincott Co. 1899.

It is with more than ordinary pleasure that we take up this latest issue of International Clinics, which is steadily improving in tone and value with each volume which appears. In the number before us we note that there are many European contributors. In these many well-known names figure, and their lectures are, naturally, of the best. The opening article on Cold as an Antipyretic is by Horatio C. Wood, and he gives evidence in it of his former strength as an accomplished therapist. The Treatment of Chronic Constipation by Prof. Theodore Rosenheim is continued, as is also the Treatment of Tuberculosis by Prof. J. Grancher. The Present State of the Treatment of Tabes, by Prof. Eulenburg, is a masterly effort. A very practical contribution is that on the Operative Treatment of Hemorrhoids by Dr. E. Quénu.

Paralysis in Childhood, by Dr. Henry S. Upson, is a very critical lecture, full of good points upon some rather obscure cases. Dr. John Ashhurst, Jr., discusses Four Cases of Injury to the Head, and readily demonstrates the fact that he is a surgeon in everything which the term implies. Each one of the cases is made demonstrative and instructive in the highest degree. One of the lectures which has pleased us very highly and which should be read by every physician and surgeon is that by Prof. Alfred Fournier on the Frequency of Unsuspected Syphilis. He not only gives the reasons for this ignorance on the part of patients, but also speaks of their denials when they know better

He believes in what one of his former masters said, "When I don't quite understand the appearance of a case I suspect syphilis; I have cured many patients in that way that would otherwise have died."

One of the best lectures is that by Mr. Robert Williams Parker, in which he speaks of Hernia in Children. He makes a very strong plea for radical cure as routine practice, and he certainly is justified in doing so by his numerous successes. Dr. Alexander J. C. Skene contributes a lecture on the Use of Electricity in Surgery. In this he gives a brief outline of electrohemostatis in surgery, upon which subject his excellent monograph has just appeared. A rather odd subject is that of the lecture of Prof. Silex upon Flickering Before the Eyes. He discusses the value and significance of this symptom in a very interesting manner. *Lupus Vulgaris*, by Prof. Edmund Lesser, will prove of no little value, to American readers more especially. In this lecture the magistral method of the distinguished lecturer is well exemplified.

As has been the case with every volume in this unsurpassed series, the mechanical execution of the present one is above criticism. The illustrations are numerous and well executed. We are sorry that lack of space forbids our mentioning every lecture and article, and at length; but, from the little we have said, the superior excellence of *International Clinics* must be obvious. The editor has succeeded well in his object to publish only the best lectures by the most distinguished teachers.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by HOBART AMORY HARE, M.D. Vol. II., June, 1899. 8vo., pp. 468. 56 Illustrations and 3 Full-page Plates. [Philadelphia and New York: Lea Brothers & Co. 1899.]

We were more than favorably impressed by the first volume of *Progressive Medicine*, from which we reproduced several very interesting excerpts; but this second volume before us is even superior to the first, which is saying a great deal. It will prove of more than ordinary interest to medical men when we give a bare outline of its contents. It presents to its readers carefully prepared as well as exhaustive and critical papers on the progress made in the Surgery of the Abdomen, including Hernia, by Dr. William B. Coley, of New York; Gynecology is handled by Dr. John G. Clark, of Philadelphia; Diseases of the Blood, Diathetic and Metabolic Disorders, Diseases of the Spleen, Thyroid Gland and Lymphatic System, by Dr. Alfred Stengel, of Philadelphia, and Ophthalmology, by Dr. Edward Jackson, of Denver.

With such an array of experts, taking up each subject in a

thorough and systematic manner, it is certainly no cause for wonder that these volumes should have bounded into instantaneous popularity. We have read the volumes with more than ordinary interest for two reasons: in the first place, only those advances in medicine and surgery are noticed which are really deserving of such; secondly, the comments which are made are the result of mature thought and are backed by large personal experience of intelligent men, who are most competent to form correct judgments.

Another advantage to be noted in connection with these volumes is that every subject is presented in a manner which is clear and to the point. Useless discussion is carefully avoided, and that bane of those unfortunate individuals, affected with the *cacoëthes scribendi*—padding—has been carefully eliminated and is held as taboo.

We would hardly undertake to enter into a detailed account of all the valuable material to be found within the covers of this volume, as it would take a volume to do so. The best literature of the world and the best authors have been laid under contribution, and what this means probably none but serious writers and workers in any one field can best understand. These articles have their value still further enhanced by illustrations and plates, executed in the best manner and made by most competent artists. In fact, the publishers have spared no expense to produce a book gotten up in the highest style of the bookmaker's art. Fine type, extra paper, and superior binding have been combined to give a fitting dress to a most valuable addition to modern medical literature. Every physician who aspires to the name should have this publication in his library, and he is certain to have an addition whose value will be appreciated in proportion to the frequency with which it is consulted.

A Review of Recent Legal Decisions affecting Physicians, Dentists, Druggists and the Public Health. By W. A. PURINGTON. 8vo., pp. 105. [New York: E. B. Treat & Co. 1899. Price, 50 cents.

This is a very useful epitome of late legal decisions, which will be found of the highest value to physicians, who, as a class, are but badly informed in regard to the legal questions which enter into the practice of their profession. The author of this little work has followed the methods of the legal profession, in that he furnishes us with decisions establishing precedent. For it is precedent which governs in law. A large number of cases are given in this booklet and almost every contingency is covered. We may state *passim* that a careful reading of these will also demonstrate, in a perfectly satisfactory manner, the beautiful uncertainties of the law. The book terminates with an excel-

lent article on Manslaughter, Christian Science and the Law. The author demonstrates the total inadequacy of the law in such cases, due, no doubt, to the fact that statutory enactments are not made, and where death results other statutes must be appealed to if any can be found that are applicable. The medical profession should certainly read this book, and then use its influence to further the passage of such enactments as will protect it and the people.

Transactions of the American Ophthalmological Society.

Thirty-fourth Annual Meeting, held at New London, Conn., 1898. Vol. VIII., Part II. 8vo., pp. 253-471. Illustrated. [Hartford: Published by the Society. 1898.]

These transactions are always good, and this is most probably due to the fact that the Society is composed of a large majority of the best ophthalmologists of this country. In the volume before us, which is richly illustrated, there appear articles of the greatest value not alone to specialists in diseases of the eye, but to the general practitioner as well. Such, for instance, is the paper on the question of why the proportion of blind in cities is less than in the country, by Dr. L. Howe. Of no less importance are the reports of the majority and minority of the Committee on Resolutions relating to purulent ophthalmia in infancy.

We note that St. Louis numbers but four out of a total of 141 members. Of this small number, none but Drs. John Green and A. E. Ewing presented papers, they having two written in collaboration. Dr. De Schweinitz, with his usual industry, is represented by five excellent contributions. Dr. R. Sattler is represented by two; Dr. C. S. Bull by the same number, and a goodly number by one paper each. There can be no doubt of the undoubted value of each paper, and it is a pleasure for us to note that Americans have, in this volume of transactions, added to the literature of ophthalmology in a manner which is noteworthy.

Electro-Hæmostasis in Operative Surgery. By ALEXANDER J. C. SKENE, M.D., LL.D. 8vo., pp. 173. With Eighty Illustrations and Two Plates. [New York: D. Appleton & Co. 1899.]

This is a work which should certainly find favor at the hands of all operative surgeons. It is aggressive and by some might even be styled revolutionary; but, the fact that the author thoroughly demonstrates that he not only knows whereof he speaks, but that he has successful experience to confirm him, should silence all such ill-founded objections. We have been so favorably impressed with this monograph that we see in it an indication of a coming wave of improvement in the surgery

of the pelvic organs. The author endeavored to trace the history of the ligature of the pedicle and he found it to be anything but satisfactory. The objections which existed he was enabled to overcome by electro-hemostasis.

In the excellent monograph before us he not only describes the instruments used, but he enters thoroughly into the teachings of the various types of surgical operations in which the method is indicated. He also gives the histology of the blood vessels before and after the use of electro-hemostasis, thus demonstrating the complete and undoubted efficacy of the method. This microscopic demonstration is, to our mind, the most powerful argument which could possibly be advanced in support of the method. We cannot here detail all the surgical conditions in which it is indicated. The work concludes with two chapters on asepsis and antisepsis in surgery and they are by no means the least important.

The work is magnificently illustrated by the products of the brush and pen of artists of acknowledged merit. The illustrative part is certainly a feature of the book which, as a whole, is a veritable *édition de luxe*, every page being printed on extra heavy plate paper, printed in large, legible type in the highest style of the printer's art. We can confidently bespeak a high degree of success for J. C. Skene's latest contribution to surgery and it fully deserves a most hearty and cordial reception at the hands of the medical profession.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Electro-Hæmostasis in Operative Surgery. By Alexander J. C. Skene, M.D., L.L.D. 8vo. pp. 173. With Eighty Illustrations and Two Plates. [New York. D. Appleton & Co. 1899.

A Review of Recent Legal Decisions Affecting Physicians, Dentists, Druggists and the Public Health. By W. A. Purring-ton. 8vo., pp. 105. [New York: E. B. Treat & Co. 1899. Price, 50 cents.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynæcology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and Specially Prepared Articles on Treatment

and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M.D. (Univ. of Pennsylvania). Vol. I. Ninth Series. April, 1899. 8vo., pp. 303. Illustrated. [Philadelphia. J. B. Lippincott Co. 1899.

The Diseases of the Nervous System. A Text-Book for Physicians and Students. By Dr. Ludwig Hirt. Translated, with Permission of the Author, by August Hoch, M.D., assisted by Frank R. Smith, A.M. (Cantab), M.D., with an Introduction by Wm. Osler, M.D., F.R.C.P., F.R.S. 8vo., pp. 715. With One Hundred and Eighty-one Illustrations. [New York: D. Appleton & Co. 1899.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Vol. II. June, 1899. 8vo., pp. 468. 56 Illustrations and 3 full-page Plates. [Philadelphia and New York. Lea Brothers & Co. 1899.

Transactions of the American Ophthalmological Society. Thirty-fourth Annual Meeting held at New London, Conn. 1898. Vol. VIII. Part II. 8vo., pp. 253-471. Illustrated. [Hartford: Published by the Society. 1898.

Anales de Sanidad Militar is a neatly-printed octavo monthly, published at Buenos Aires, Argentine Republic. It is under the editorial direction of Dr. Nicomedis Antelo. Each issue contains 64 pages of reading matter, contributed by a large corps of collaborators, who are military surgeons and attached to hospitals. The subscription price is one peso per number. The clinical and scientific work done at the Military Hospital of Buenos Aires is of a high order of merit, as evidenced by the contributions which appear in the journal before us.

The Index Medicus.—One of the greatest misfortunes to medical literature is the discontinuance of the *Index Medicus*. This has just been announced by its editor, Dr. Fletcher. It struggled for nineteen years without encouragement and its publishers could not continue to publish it at a sacrifice. The loss to the writers of the medical profession is an irreparable one. The Index Catalogue of the Surgeon-General's library will have to be depended upon in the future, but it will hardly replace the *Index Medicus*. With many others, we regret the discontinuance of this valuable publication.

MELANGE.

School of Orificial Surgery.—The thirteenth annual class for instruction in orificial surgery will assemble in Chicago, at 9 A.M., September 4th, 1899, and will continue to meet daily during the week, as usual.

For particulars in this clinical course address

E. H. PRATT, M.D.,

100 State Street, Chicago.

St. Louis City Hospital.—Now that Dr. Max Starkloff has been confirmed to succeed himself as Health Commissioner of St. Louis, we rest assured that ere long work will be begun upon the new St. Louis City Hospital. Dr. Nietert, the efficient Superintendent of the Hospital, also continues, and he will be ably seconded by Dr. R. F. Amyx, as Assistant Superintendent, and an efficient corps of senior and junior assistants. There seems to be no reason in our mind why this hospital, with proper municipal encouragement, should not compare favorably with any similar institution in this country. The Municipal Assembly should certainly take a pride in making this an object, and its members could easily do this by making more liberal appropriations at the expense of other institutions neither as useful nor as important. Besides, as it is the hospital at which all the medical colleges deliver clinical lectures and demonstrate clinical surgery to their students, it should certainly be a model, which it would certainly be under proper financial encouragement. But when a Superintendent is financially restricted he must perforce make the best of a bad case. We hope to see the day not far distant when the administration will not be so niggardly with its sick and destitute.

Very Pointed.—The following last lines appeared recently in the *Fort Wayne Journal-Magazine*. Dr. A. A. Belson, its editor, writes as follows:

“The *Journal of the American Medical Association* should be the medical journal of the country and more thoroughly voice the sentiments of the medical public than any other medical periodical published. With due respect to Dr. Simmons and his reputed ability, we believe that the selection of editor of the *Journal of the American Medical Association* should be left to the associa-

tion rather than to the board of trustees, believing that the sanction of a majority of the membership of the association would be preferable to election by a committee of nine or ten men, but a portion of whom perhaps exercised the privilege of ballot in the selection of the present editor. It is hoped, however, that a wiser selection could not have been made, and that Dr. Simmons, a practicing homeopathist for ten years, and a recognized regular physician only since his graduation from Rush Medical College in 1892, will prove himself well worthy of the position which requires such mature thought and executive ability."

We can hardly see the magnanimity of twitting a man because he has seen the error of his ways and has reformed. If Dr. Simmons was a homeopath he certainly did the right thing on becoming a regular by graduating at a first-class regular medical college. Let us first see his work as editor and then criticize if need there be. He has already shown ability on the editorial tripod, and now that his scope is not so limited we may hold ourselves in readiness for better things.

Some of the Minor Immoralities of the Tobacco Habit.
—Dr. Matthew Woods, in the *Jour. of the Am. Med. Assn.*, for April 1, writes on this subject. If these are the *minor* immoralities we would like to inquire what the *major* ones could be. He says: "The vulgarity and licentiousness of the press, with its mercenary pandering to vice, corrupting as it does that very fountain of national strength, the home; the lubricity, the demoralizing baseness of the degraded drama, disfigurement of hoardings by the cigarette soaked indecencies of the variety stage, making it difficult for our children to walk the streets without contamination; the growing fondness for certain social functions with their flimsy vaudeville adornments; the mockery of and attempted obliteration of personal puritanism, the crass things done by tobacco-biased young people, degradation of seats of learning by the introduction of smoking-rooms, those hot-beds of vice and agnosticism, of ballet dancing and brainless burlesque—imbecility and irreverence under the auspices of fashion; defilement of public buildings by foul receptacles provided for a people so base that it is necessary to ask them to please not spit on the floor; the negro minstrel methods of some of our churches, the effeminacy of religious periodicals with

their venal advocacy of successful quackery and fraud, the prevalence of the gambling mania among women; leveling all ranks, wasting energy, dissipating time so much needed in more ennobling ways, medieval grotesqueries, euchre and wine parties for the spiritual and physical benefit of the outcast and sick, made so by gambling and drink! what, unless completely engrossed in other things, could induce thoughtful men to silently submit to these, but that indiscriminating drowsiness of conscience—'denying nothing, doubting everything,' so frequently induced by tobacco?"

The William F. Jenks Memorial Prize.—The fifth triennial prize of \$500, under the Deed of Trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Various Manifestations of Lithemia in Infancy and Childhood, with the Etiology and Treatment." The conditions annexed by the founder of this prize are, that the "prize or award must always be for some subject connected with Obstetrics, or the Diseases of Women, or the Diseases of Children;" and that "the Trustees, under this deed for the time being, can, in their discretion, publish the successful essay, or any paper written upon any subject for which they may offer a reward, provided the income in their hands may, in their judgment, be sufficient for that purpose, and the essay or paper be considered by them worthy of publication. If published, the distribution of said essay shall be entirely under the control of said Trustees. In case they do not publish the said essay or paper, it shall be the property of the College of Physicians of Philadelphia."

The prize is open to competition for the whole world, but the essay must be the production of a single person. The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to the College of Physicians of Philadelphia, Penn., U. S. A., before January 1, 1901, addressed to Richard C. Norris, M.D., Chairman of the William F. Jenks Prize Committee. Each essay must be type-written, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essays if reclaimed by their respective writers, or their agents, within one year. The committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

June 15, 1899.

JAMES V. INGRAM, M.D.,
Secretary of the Trustees.

THE ST. LOUIS Medical and Surgical Journal.

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ORIGINAL COMMUNICATIONS.

THE PATHOLOGY AND THERAPY OF CANCER, WITH SPECIAL REFERENCE TO CANCER OF THE STOMACH.*

BY AUGUSTUS C. BERNAYS, OF ST. LOUIS, MO.

Mr. President and Gentlemen:

You will allow me to thank you for the high honor which you have conferred on me on this occasion. While your selection has done me great honor, the choice of subjects which would be of interest to members of this representative body of professional men is one which has caused me some anxiety. After ripe deliberation, I have come to the conclusion that this is an opportunity for presenting the modern standpoint of a certain department of medical science. I have been engaged in practical surgical work for nearly twenty-five years, as a teacher and an operator, and shall base my critical remarks on the advances that have been made in the treatment of cancer largely upon my own operations. There has been great activity in the study of malignant neoplasms, and the last few years have brought about a marked change in the therapy of these diseases. We are now doing operations of such magnitude and extent, and are invading regions not thought of formerly. In fact, these operations in cancer cases are of daily occurrence, and are done by many

*An address delivered before the Oregon State Medical Society at its Annual Meeting at Portland, June, 1899.

surgeons in all parts of the world as a matter of principle and of duty. In an address of this kind it cannot be my object to present the results of original research, so much as to present to you the present views, as they have been evolved by many laborers in the laboratory and in the clinics. The main object must be to arrive at some definite conclusions as to the value of our methods of managing the very common and apparently increasing numbers of cases of cancer that seek our advice and our aid.

I shall use the word cancer in its general sense, including the two forms of malignant neoplasms, known as carcinoma and sarcoma. I have a right to assume that the histological structure of these growths is well known to all of you as presented in the modern text-books, and shall only call your attention to the fact that there are forms of sarcoma which closely resemble some form of carcinoma; that a differential diagnosis is not as simple as it might appear from the teachings of the text-books. Some very important investigations recently made seem to show that even epithelial growths are preceded by changes in the connective tissue which always underlies the epithelial layers of the skin and mucous membranes. I have myself seen two large-celled sarcomata which had a plain alveolar structure, and puzzled all investigators very much indeed. I wish to go on record as holding that the sharp line which has been drawn between sarcoma and carcinoma cannot be maintained; and that, in my opinion, we are far from an understanding of the biological significance of the malignant tumors. The line of research which promises to finally solve the question as to the origin of tumors has been followed in a most laudable but as yet only tentative way by that brilliant English surgeon, Mr. Bland Sutton. His little work on tumors is so instructive and so concisely written that I cannot refrain from recommending it to you, and will promise you a rare treat from its perusal. While speaking of literature, I can say that the work on tumors by my friend Nicholas Senn, of Chicago, is the only work on the subject written by an American surgeon which deserves mention. It is truly a great book, and stands next in importance to Senn's principles of surgery among the works of that admirable and indefatigable surgeon.

I have just stated that a sharp line cannot be drawn between

sarcoma and carcinoma, and I must now tell you that a line cannot be drawn which will everywhere separate malignant from benign tumors. It is a fact that a benign tumor in its development may become malignant, and it is a fact that the microscope alone cannot be relied upon to make a differential diagnosis between sarcoma and some forms of granulomata. Sarcoma cannot always be distinguished from lymphoma, nor from gumma, and not even from some tubercular tumors, by any known histological methods. The absence of tubercle bacilli in a tumor does not prove that tubercle bacilli are not the producers of the toxine which may have caused the proliferation of cells in question. Even when to the history and the microscopic examination of sections of a tumor is added a full clinical examination, by means of all our modern methods and by means of all our instruments of precision, a reliable diagnosis is sometimes impossible. Fortunately for us and for our patients, these cases are extremely rare; but I felt constrained to bring out the existing defect in this address because we are strongest when we best appreciate our weaknesses.

Along the line of bacteriological research all attempts to solve the question as to the etiology of tumors have not advanced our knowledge much. The numerous alleged discoveries recently published still await corroboration, and while no doubt some valuable facts have been discovered, their authors have failed to prove that the various parasites, some resembling ameba, others belonging to the coccidia, and still others closely resembling ordinary fungi; of decomposition and saprophytes, are really etiological or causative in the development of cancer. These workers have, however, succeeded in proving to us that under the head of what we call cancers, malignant neoplasms, some widely different things are included. When we think of a malignant papilloma, or wart, of a small black sarcoma of the choroid, beautifully visible in the background of the eye, of a soft, almost bloodless, encephaloid, white or grey sarcoma of the fascia lata; again, of a hard scirrhous tumor of the breast, or of a pulsating, blue, vascular sarcoma of the orbit, we must all believe that under the head of cancer are gathered a great many different things which probably are etiologically widely different, and we all know that our notion of malignancy is a most plastic one. We know that some of these malignant growths

are very slow in doing their deadly work, while others kill almost like acute infections, caused by virulent poisons or toxins.

While I am convinced, from my own observations and experiments, that some forms of cancer are purely of extraneous or parasitic origin, I am convinced that the great majority of tumors, benign as well as malignant, are developmental in their origin. It will be shown that the large majority are referable to some ancestral, inherited defect. The vast majority of tumors will be found to be traceable to a rudiment of an organ which, æons ago, played a more or less important part in the physiology of our ancient progenitors. Drawing the logical conclusion from the facts that have been proven about the descent of man, from forms of life, which in a long and unbroken line have been developed on this planet since it cooled off to a degree such as to permit of the existence of life as we know it, we can truly say that we have almost infinite atavistic possibilities. Just as we now positively know that a congenital fistula of the neck is a remnant of a branchial cleft, of a gill as it were, so will we some time in the future know how to explain the thousands of deformities and neoplasms, malignant as well as benign. The solution of the question as to the origin of tumors will come when the autogeny and the phylogeny of the human animal will have been worked out to a high degree by morphological, embryological and biological researches. Much of this work I feel will be done on this side of the Atlantic by American students, in magnificent universities, richly equipped with all modern scientific apparatus; in the finest laboratories on earth, endowed by the States and independent of the charity of wealth. Before leaving the subject of the pathology and etiology of tumors, I must refer to the Cohnheim hypothesis, which attributes the origin of tumors to a matrix of embryonal cells which lie dormant in the form of small cell-lumps or misplaced islands of cells in the tissues. In order for them to develop, a suspension or diminution of physiological resistance in the tissues (whatever that may mean) must take place in the vicinity of the hypothetical matrix. In the absence of this "matrix of embryonal cells" the possibility of a tumor is absolutely precluded. I suppose the diminution of physiological resistance would be furnished by traumatism, irritations, inflammations, adverse

conditions of life, such as climate, poor environment, hereditary encumbrances, old age, etc.

If the existence of a matrix of misplaced embryonal cells is ever supported by scientific proof it will be found in the form of "rests," "vestiges," or of rudimentary organs. These have great significance when viewed from the developmental standpoint. Here, as elsewhere in social and natural sciences, evolution will be the torchlight that will lead us out of darkness and ignorance into light and knowledge.

Let us now turn to the practical side of our subject, and see what we can do in the way of treatment of malignant tumors. In the middle ages, when it was believed that an omniscient and watchful Deity distributed cancers among sinners as in His wisdom He saw fit to do, prayers were the logical remedy to be employed, and we have records of cures by this means. We also have certificates of cures of cancer by the more modern Christian Science, and the pamphlets sent out by the promoters of health resorts and of many natural springs contain plain statements of cases of cancer which were cured by the air and the water of the springs. Several times in my life, as a surgeon, patients have come to my office bearing scars upon their bodies which they claimed were the scars of former cancers, that had been cured by the waters of some springs, or by the paste of some quack. In every single instance a careful investigation proved to me that the scars were those of syphilis, or some more benign ulcer that had healed up rather in spite of than by virtue of the treatment they had undergone. The ignorant laity, as well as designing fakirs, are only too prone to call any chronic ulcer which does not yield to ordinary treatment a cancer. They do not know that the diagnosis of cancer is often very difficult, and sometimes uncertain, after all has been done that science offers. I have never seen a spontaneous cure of a cancer, nor have I ever seen one cured by medication of any kind whatsoever. The recently-introduced methods of inoculation with erysipelas, and other toxins, as well as the serum therapy of cancer, have now been amply tried and found wanting. I myself tried these methods on some cases which, in my opinion, were inoperable, but could never record a permanent improvement, and, of course, a cure was out of the question. Where we find reports of favorable results of the inoculation treatment

by good surgeons, we will usually find a statement that the pathologist found the tumor to be a spindle cell or a small round cell sarcoma. As above stated, the microscopical examination is not capable of positively recognizing or differentiating these forms of sarcoma from granulomata, or even from benign tumors, which have their origin in the lymphatic or connective tissues. The pathologist was in error, and it is probable where a tumor recurs after an operation, in or near the scar, that it is a granuloma, a keloid, or a benign fibrous, or myxomatous tumor, or, perhaps, simply a thickened cicatricial mass, such as we sometimes find in the subcutaneous tissues after operations. These growths sometimes require months, and even years, for their final absorption.

I do not wish to disparage the serotherapy or the inoculation therapy, and not even the injection of pyoktanin, or alcohol, or any other chemicals into the substance of inoperable cancers. These methods, or new ones more or less like them, must all be tried before they are condemned. They are deserving of elaborate trial, as we cannot predict their effects *a priori*. And in inoperable cases the attending surgeon must, at least for psychological effect, if for no other, do something to encourage the unfortunate patient in order to keep him from despondency or suicide.

I must insist, however, that in all operable cases the surgeon has no right to temporize, or put off the operation for a period of more than four or six weeks, and even that short a time may injure the chances of a successful operative cure. Many of you will now ask how can we draw the line between operable and inoperable cases. This, I will answer, is a purely relative matter, and what is inoperable for Dr. A. is operable in the opinion of Dr. B., and Dr. C. will perhaps consent to do the operation at once, and Dr. D. will even urge it, and hold out good prospects of a successful operation; and, though a cure can never be promised, he will encourage the patient and inspire hope to such a degree that he will demand to be given the only chance of a cure which we have to offer.

The question as to the curability of cancer is finally and completely settled. Cancer, being a local disease in the beginning and spreading in the well-known way through the tissues by way of the lymphatics and the blood vessels, must be quite curable

where it is possible to remove all the offshoots from the primary nodule. Clinical evidence and the observations of all surgeons who have been in the work for over fifteen years bear out this truth. Formerly, when cancer was regarded very generally as a constitutional affection, the operations were done with a view to merely prolong the patient's life for a short time, and a cure by operation alone was looked upon as hopeless. Thus the operator did his work in a half-hearted way, and feeling that it could not achieve a complete cure he did not feel justified in doing the extensive and formidable operations which we do nowadays. In the operation for the removal of the cancerous breast as it has been developed, and as I do it in every instance, the wound is larger in area than the wound made for the exarticulation of the lower extremity at the hip. Some of our most careful and conscientious surgeons require as much as three or four or even five hours for the complete operation of a cancerous breast. In my opinion, the surgeon must be prepared to do a complete operation no matter how long it may take to do so, because upon the perfection and detail of the extirpation of all the diseased tissues depends the result.

In one case I removed the breast, all of the pectoralis major muscle, all of the minor, a good part of the fasciæ of the external intercostal muscles, all of the contents of the axilla, except the nerves and vessels, and the clavicle, together with a large bunch of supraclavicular glands and soft parts. The lady has had no return and the operation has been done over 6½ years. In cases of cancer of the breast I have seen slightly more than half free from return three years after the operation, in something more than 250 cases. Of the last 100 cases done over three years I have evidence only of 31 recurrences. I may as well say here that a recurrence must be treated in the same manner as the primary tumor by immediate and radical extirpation; and should there be a return again, this again must be attacked in the same way until the case is cured or becomes plainly inoperable by the involvement of inaccessible parts. There again I am reminded that what to one surgeon might appear inaccessible, to another might be perfectly within reach of the knife and scissors. Only he who has seen good results follow extensive and complete extirpation of whole regions of the body, large parts of the intestinal tract, etc., will have the

in inclination to do this line of work. Each surgeon soon learns the limitations of his skill if he is convinced of the usefulness of extensive extirpations of cancerous growths. Every once in a while he will have a facer when a patient dies of shock following one of his efforts to save a life. Deaths of this kind remind us of our limitations in such forcible and persistent manner that we are made to feel the responsibility of greatly endangering human life, even when that life is tainted by a destructive cancer. I remember, at this moment, some sleepless nights spent in going over and over again in my restless brain the steps of a fatal operation; trying to find in what detail of the work I might have acted differently, perhaps better; how I might have saved the patient a few drams of the impoverished blood had I acted otherwise; how it might have been better if perhaps no morphine had been injected before the anesthetic was given; and a thousand other more or less fantastic ideas rack one's brain, keep away sleep, while the body is tossed from side to side until, the problem still unsolved, sleep finally comes to the relief of the exhausted organism. A few nights of this kind will dampen the ardor of even the most enthusiastic operator, and unless nature has fitted him for the work by giving him strength and such nerves and organs of sense as will enable him to stand the ordeal of hard work in the day time and a sleepless night of worry, now and then, he will abandon surgery and devote himself to some other line of work in the profession. There seems to be no danger, then, that surgeons will often go too far in their operations for the extirpation of cancers by the knife. Until recent years, under the influence of the antiseptic method, operations were entirely inadequate, because they did not go far enough. But now we have arrived at a stage in surgery where we actually operate for the cure and not only for the amelioration of cancer cases. Thus it will be seen that in recent years the object of operations for cancer has changed from a mere attempt at amelioration of suffering and prolongation of life to an attempt at a radical cure. Let us now look at the limitations of the operative work. In examining a case of cancer the first question we must answer is, whether or not there is any chance of curing the disease. The examiner will direct his attention to the lymphatics leading into and away from the diseased area with a view to detect any deposits or indurations in the same.

He will also direct his attention to the lymphatic tissues some distance away from the cancerous growth, which may have become infected, though there be no visible or tangible change in them. Having determined these points, you can see that before beginning the operator knows what he will have to do. It will be his duty, not only to remove all the plainly visible infected tissues, but also as much more of the surrounding tissues as in his judgment may be the seat of microscopic nodules or cell nests. If the operator deliberately sets out to cure a case of cancer he will have made up his mind to remove all of the diseased and suspicious tissues, and, as you can readily see, the operation will be a much more extensive procedure than was formerly ever undertaken. Just for example, I will mention two of the most important points. In a case of cancer of the breast, if the tumor has grown outward so as to affect the skin, it will be necessary to remove a large area of it, because cancer is known to spread most rapidly in the subcutaneous lymphatic spaces. In a case of cancer of the tongue, or again of the breast, if the cancer has invaded one or more of the adjoining muscles it will be necessary to remove all of the affected muscle from its insertion to its origin, and even the fascia surrounding the muscles must be entirely removed. The cancer cells are known to travel in the large lymphatics of the muscle and the perimysium with great ease and rapidity, and if there is to be anything like certainty of cure these structures must be carefully and entirely removed. It is a good rule rather to remove more tissue than less, even at the risk of leaving impaired and crippled motility of parts involved. You will judge from what has been said that an operation performed with a view of curing a patient of a cancer will become a much more serious one than the operation which simply aims at prolonging a patient's life by getting rid of the main trouble.

If a radical operation is judged to be anatomically possible by the operator, the question arises, what is the prognosis, *quoad vitam*; in other words, what per cent. of chances has the patient to survive? The question as to the functional disturbance must also be taken into account; the surgeon must consult with the patient about the matter; both of them must consider the proposition and must answer the question: Is life worth living when certain functions are impaired or lost? In answering

this question we must remember that we are dealing with a disease which is usually rapidly fatal, and if it involves certain localities, as, for instance, the throat or the pylorus or the bladder, is often the cause of extreme suffering before it produces death. Some of these cases are also not only offensive to their surroundings, but to themselves by the intolerable odors which they emit.

My object in this paper is to advocate early and radical interference by operative extirpation and to combat the tendency of some surgeons to operate only on quite simple cases. I cannot admit that the selection of only simple cases for operation is a proper point of view. No doubt it is the way to get good statistics, to avoid mortality after one's operations. This desire to avoid mortality always strikes me as a selfish and unprofessional, yes, even a mercenary aim. What are you going to do with the poor fellow who is not operated on because the surgeon fears the possibility of a fatal issue? Has he not a right to demand of you that you give him his only chance? I cannot see that we have a right to refuse an operation if the disease can be removed, unless the outcome would be a hopeless functional result or almost certain death at the operation or soon after it.

Knowing that cancer is curable if totally extirpated, and knowing that it is fatal if not totally removed, I have arrived at the following method of dealing with patients who seek aid from me when they are afflicted by a cancer:

1. When the case is clearly curable and the danger is slight, then I feel it my duty to urge the operation and insist on an immediate performance of the same and represent the prospects of a cure in a favorable light.

2. When there is considerable involvement of the lymphatics I do not strongly urge the operation, but tell the patient that the chance of a cure, though small, still exists, and in fact feel it a duty to make the attempt at a radical extirpation.

3. When the danger of an operation is very great, but where I still think the removal of all involved tissues can be completed—I mean by that when the operation is anatomically thinkable, I present the grave dangers of an immediate death on the operating table, and though holding out but little hope of a cure, and only a probable prolongation of life, I still give enough encouragement to inspire the patient with some expectation of being

benefited. As a rule, I find that these patients will usually decide to have the operation done.

4. Finally, in anatomically impossible cases I do not think it justifiable to refuse to operate in some fashion if, after knowing the truth as to the hopelessness of the condition, a patient demands that an operation be done. In these cases the psychical effect of even an imperfect partial removal of the offensive cancer sometimes is very beneficial, and puts off for months the inevitable morphine syringe which we are compelled to use during the last weeks.

The time allotted to me will not permit of taking up different forms of cancer in different regions of the body, and I have chosen to present to you the rules that should govern us in only one special region. Let us consider now the management of cancer of the stomach, one of the most frequent and most surely fatal forms of the disease. In the management of gastric cancer two different objects are to be aimed at and two entirely different operations must be borne in mind in treating a case. If we can reasonably hope for a cure then we at once contemplate the excision of the diseased tissue, because if there is a chance of a cure we have a right to undertake a dangerous operation.

The operation will be an excision or resection of the pylorus, or of a larger part of the stomach, or even of the whole stomach. If a cure is not thinkable, *i. e.*, anatomically impossible, then we must perform an operation which will ameliorate the patient's condition by overcoming the stenosis and by preventing starvation. The operation we will choose for this purpose is one of the forms of gastro-intestinal anastomosis; gastro-jejunostomy and gastroduodenostomy are the two operations which come into practice. I do not intend to discuss the various technical modifications of these two operations before a body composed largely of general practitioners, but will speak of the diagnosis and indications for surgical interference. I regard it as most desirable that, from time to time, an accounting be rendered to the general practitioner about the results of the treatment of cancer by surgical operations.

I am of the opinion that it is the duty of every physician at the present time to call his patient's attention to the possibility of a radical removal of his disease by an operation. Unfortunately the diagnosis of cancer of the stomach is not always easily made in the early stages.

We must not wait until a tumor can be felt. We must recommend an operation if there are symptoms of chronic stomach trouble in persons above middle age which point to ulcer or stenosis. An essential pointer is given us if we can detect malnutrition and indigestion accompanied by a perverted chemical action. I refer especially to the absence of hydrochloric and the presence of lactic acid in the gastric juice, together with coexisting signs of retention of contents in the stomach, which could indicate pyloric stenosis. We dare not forget that even when the chemic action in the stomach is nominal, there may be malignant disease.

In a case in which I made the first total excision of the stomach done in America, the diagnosis of cancer had been made by the attending physician, although a tumor could not be plainly made out. The patient had been carefully treated for several months on the supposition that he had a gastric ulcer. He had a number of hemorrhages of almost pure blood. At the operation I found a most extensive cancer, involving almost the entire minor curvature, but there was no stenosis, and the pylorus was entirely free from disease. In another case recently operated on the diagnosis of cancer was made by competent physicians, without the presence of a tumor, and there was no dilatation of the stomach. At the operation I found an enormously-large, far-advanced pyloric cancer, with narrow stenosis. The tumor was adherent to the pancreas, and extended up towards the hilus of the liver, and involved about half of the minor curvature. You see that it will not do to wait until a tumor can be palpated, and I regret that I sometimes did not operate early enough because I could not feel a tumor.

The exploratory incision is free from danger, and by its means we can make an early diagnosis, and sometimes render good service even if we should find a non-malignant trouble. The only cases in which harm may be done by the exploratory incision is, if we make it upon patients too nearly dead from starvation and cachexia.

Persistent, progressive stomach troubles in persons over forty-five years of age are much rarer than is usually accepted by physicians, unless there is a mechanical foundation for them. This foundation will be found in an existing stenosis or ulcer of a cancerous nature in the vast majority of cases. The

“sympathetic” stomach troubles due to gallstones, floating kidney, Bright’s disease, or some form of constitutional disease having been excluded, nothing remains for us but the diagnosis of gastric cancer.

The trouble which most commonly is confounded with cancer is simple ulcer. But here, as a rule, we have hyperacidity, hyperchlorhydrosis. But we may console ourselves about this matter because even in benign ulcer operative therapy is often the only correct, the only successful course. In this question in recent years good work has been done. Leube of Würzburg, in 1897, at the congress of surgeons, threw much light on the subject by giving us his large experience in one thousand cases of gastric ulcer treated by medication. Leube found gastric hemorrhages in 46 per cent. of these cases, and still there was only a mortality of four per cent. In a series of five hundred and fifty-six cases, six died of uncontrollable hemorrhage, six from perforation and peritonitis. In three-fourths of all his cases of benign ulcer Leube achieved a complete and permanent cure by means of a dietetic and medical treatment, lasting four or five weeks. One and one-half per cent. remained unimproved, and 2.4 per cent. died. Leube thinks that the remaining 21 per cent., who were only improved by the treatment, would have been cured by a repetition or continuation of the treatment.

Leube, who is not a surgeon, recognizes the following indications for surgical treatment:

1. Repeated hemorrhages.
2. Severe pain and frequent regular vomiting, which persists after medical treatment and dieting.
3. Perforation of an ulcer of the stomach.

We are glad to record the fact that a most competent medical authority recognizes that surgery is indicated even in benign ulcers, and I hope you will agree that surgery must not be appealed to as a last resort. The rank and file of the profession must give up the idea that surgery is a last resort, and familiarize themselves with the idea of calling the surgeon early. It is just as easy to prescribe a surgeon for a patient as it is to write a prescription for morphine. I have yet to see a surgeon who is as dangerous to a patient as a dose of morphine.

Billroth said that there must be more surgery in the practice of medicine, and when correctly understood this thought is en-

titled to great weight. I am perfectly willing to be used as a tool by the physician, and I think all normally constituted surgeons will recognize that the physician's calling is more arduous than that of the surgeon, because really the diagnosis of internal diseases postulates a much more scientific education and training than is essential to the surgical specialist.

The most important indication for surgical interference is a suspicion that the case is one of cancer. Even where the suspicion of cancer is not pressing, the exploratory operation is indicated. The smaller the cancerous tumor the more chances will we have of a radical cure by its removal. I should consider it a most urgent indication to open the abdomen if a competent physician suspected cancer in a patient whom he has carefully examined and treated for a month or two. Should we find a simple ulcer, after opening the abdomen, no harm will have been done, and the case will have been cleared up, and either medical or surgical treatment can be rationally and satisfactorily carried out. When in doubt, operate!

In looking over the statistics of operations in gastric cancer, the important fact is found that we can now furnish the proof that patients from whom we have removed parts of the stomach, yes, even the whole stomach, for cancer, are enabled to digest and assimilate food and keep well nourished.

I will quote the statement made by the great surgeon Kocher, in summing up his entire experience in the surgical treatment of cancer of the stomach by resection. Up to the summer of 1898 he had done fifty-seven excisions of cancer of the stomach. There were then twelve of them still living. Four more had lived in a good state of health over three years. One man was drowned while bathing, and in perfect health. One woman died of a cicatricial stenosis, and Prof. Langhaus, who made the autopsy, could find no trace of a return. One other man died after a year's good health in an insane asylum. One woman died four years after the operation from an unknown cause; but Prof. Kocher thinks it possible that she had cancerous glands somewhere in her abdomen. Besides these four cases there are five permanently cured patients. These are in the enjoyment of perfect health. One of them was operated on in 1888, one woman in 1893, one man and one woman in 1895, and one man in 1896. These patients are in excellent condition, well nourished and contented.

My own experience, though very large, does not show results as good as that of Kocher. My work was done in St. Louis, Mo., and in private practice to a large extent, and the cases were not in as good condition as those of Kocher, whose work was mostly done in the public hospitals in Berne, on patients who were under good control. Out of twenty-one resections I have only two deaths following immediately upon the operation. All the others survived the operation, and I may say all of them were benefited to some extent, and one lives to-day, from whom I removed a pyloric cancer as large as a child's head, seven and one-half years ago. The man is now sixty years of age, and works a forty-acre farm. Thirteen died within one year from a return of the cancer, and seven lived from one-and-a-half to four years. Of these two are still in good health.

From Kocher's statistics it is clear that the time has come in which we may speak of permanent cures in cases of cancer of the stomach, the most dreadful of all the forms of cancer that we know of, because if left alone in many cases the patient is condemned to actual and hopeless starvation. A decided improvement in the mortality is also noticeable. Kroculein lost three out of his first four operations, and only lost two out of the last twenty. The same can be said of almost every surgeon who has kept up the good work of trying to cure cancer of the stomach, in the face of an early appalling mortality. If the general practitioner will send his cases for early operation we may expect a mortality of less than 10 per cent. If, however, the extreme scepticism about the success of operations prevails, and the unfortunate patient seeks surgical relief after cachexia has begun, we will have a high mortality and bad results.

I have made it a rule in recent years not to attempt a resection on weak patients, and limit my operation to a relief of the stenosis by a gastro-enterostomy. In patients who are comparatively strong, and in whom there is a localized and movable tumor, the radical operation is indicated.

Since Schlatter, in Zurich, successfully performed his total excision of the stomach, a number of these operations have been done by others; but the results prove that suitable cases for this operation are probably not common.

In conclusion, let me say to you that if, as a result of this address, some cancer cases will be driven to seek relief by the

only rational means we have to offer, namely, by careful and complete surgical eradication, I shall feel that my effort has been rewarded. Should a few cases be radically cured, and twice as many killed by the operation, all will have derived more benefit than if none had been operated on. For those who were killed by the operation are saved from a most horrible, slow death. I am perfectly conscious that in thus strongly advocating operation not only in simple, but in advanced cases of cancer, I will meet some adverse criticism; I am consoled by the thought that a valuable victory cannot be gained without first having a battle.

A Liberal Offer.—Any physician who will remit us \$2.00 will receive for one year the ST. LOUIS MEDICAL AND SURGICAL JOURNAL and the *American Medical Quarterly*. If any physician does not find each issue of the latter publication worth more than the cost of the yearly subscription the publishers offer to refund the money. They claim that no medical periodical in this country or Europe compares with it in the character and value of the matter it contains.

Death of Mr. Lawson Tait.—It is with profound regret that we announce the death of Mr. Lawson Tait, which occurred at his residence in Wales, June 13 last. Mr. Tait was born in Edinburgh, May 1, 1845, and was educated at the University of his native city. He became a licentiate of the Royal College of Physicians and Surgeons of Edinburgh in 1866. In 1870 he became a Fellow of the Royal College of Surgeons of Edinburgh, and in 1871 a Fellow of the Royal College of Surgeons of England. He received later the degrees of LL.D. and Hon. M.D. in America. In 1871 he was appointed surgeon to the Birmingham (England) Hospital for Women, and Birmingham has been his home continuously until his death. He was Professor of Gynecology in the Faculty of Medicine of Mason College, and until recently had a private hospital of his own. Mr. Tait was a bold, aggressive genius, full of originality. He had some faults, chief among which was his advocacy of the cause of the antivitrectomy movement. His contributions to pelvic and abdominal surgery made a new epoch, and his fame has entitled him to a prominent place among the immortals in medicine.

A SUCCESSFUL TREATMENT OF DERMATIC ERUPTIONS.

BY WILLIAM HOOKER VAIL, M.D., ST. LOUIS.

House Physician for Wm. Barr Dry Goods Co., Visiting Surgeon to the Mayfield Sanitarium.

Among the category of diseases there are none as difficult to treat or that call forth the ability of the physician so much as the diseases of the derma, and few that are so annoying or distasteful to the patient, or so unsatisfactory, in the end, to the sufferer and physician, as the multitudinous skin eruptions. I say multitudinous, for their name and variety are almost legion.

I am led to believe that the majority of skin affections are due to an impoverished condition of the blood, for the greater portion of my skin-affected patients are on the anemic order, and a great many times the vermicular and peristaltic action of the bowels, which, of course, will allow the mucous surface of the bowels to become coated and almost inactive, while the center of the feces slowly moves along, leaving, as I stated before, a deposit or coating over the inside of the gut instead, and is the prime cause. In women, diseases of the skin are very often due to the disorders of the menstrual function, and those suffering from any irregularity, suppression, etc., at that time, may expect to be troubled with unsightly and disfiguring blemishes just before, during and after each menstrual period.

The various kinds of food that one should and should not eat are great and egregious problems for a physician to solve. Then again, if a physician does lay a rule concerning what food shall be ingested, it is extremely difficult to persuade a patient to rigorously adhere to it. I have talked, fretted and scolded about the kinds, irregularities and requirements of ingestion with but little avail, and have come down to one plan of treatment as to dietetics in these dermatic cases, and that is to allow them to eat anything they desire and counteract it by exercise, detergents and drugs that keep up a peristaltic and vermicular motion of the bowels. Physicians will be surprised to learn what an auxiliary this is in treating cutaneous eruptions.

Acne, the most common and also the most prevalent of skin diseases, is confined chiefly to the face, chest, shoulders and neck, but it may be found upon any other part of the body excepting the soles and palms. It occurs at about the age of puberty, and is

common to both sexes. Puberty is the most frequent cause of this variety of dermatic disorder, and if not attended to then it will possibly or rather probably continue through life.

The hair follicles and sebaceous glands form the chief abode of inflammation in acne. When very great inflammation exists, the sebaceous gland may be entirely suppurated and the hair follicles remain untouched, or both may be completely absorbed in pus.

A very severe case of acne has quite the appearance of small-pox, but the skin eruptions, together with the absence of fever and other symptoms which accompany the former, ought to keep a physician, even though he be inexperienced, from committing the error.

The appearance of our face is very dear to us. We do not enjoy beholding it studded with unsightly, disgusting, disfiguring blotches, which make us shrink from ourselves, and consequently ought to know just how others regard us. "O wad some power the giftie gie us, to see ourselves as ithers see us." No matter how homely one is, the mirror conceals the fact to that one. We are not all Cyranos, you know, in that one respect of being able to recognize our own deficiencies and deformities, though we might were they as exaggerated as his was. But I have known some exceedingly homely people who imagined they were Venuses or Adonises.

Everyone delights in a skin as smooth and soft as a baby's, and everyone can possess such a one. Some have it by actual heredity, but they are few, and so the less fortunate ones must resort to something in order that they may obtain it. Let me say to the latter that the constant use for some time of acneine and acneine tablets will work marvelous results in their blotched and pimply complexions.

I have used this elegant and meritorious product in many, many cases, and I have had ample proof of its wonderful curative properties. It has, in every instance, given both patient and myself the most supreme gratification and satisfaction. Some of my chronic cases of acne, whom it has so greatly benefited, are continuing its use, as they say, to keep it off—referring to the disease.

Some of the skin diseases in which I have made abundant use of this preparation (and there is quite a coterie of them) are

acne, acne rosacea, herpes facialis, erysipelas, eczema, ulcers, burns, scalds, sores, and I have had remarkable success with it in removing pimples, blackheads, tan, and freckles. The following cases will demonstrate how far the test to which I have put acneine in my treatment of these cases has proven the authenticity of my statements and my eulogiums expressed as to its efficacy:

A gentleman, about 35 years of age, came to my office for treatment. He complained of an occasional itching in both axillæ. He narrated that at times it did not trouble him a great deal, then again a desire to scratch would last for hours, which would so disturb him that he could not concentrate his mind on anything. The same condition had lasted for twelve years. He had employed, possibly, thirty or forty ointments, antiseptics, and lotions with but slight beneficial results, and a great many times it would get decidedly worse from their use, so much so that he could hardly use his arm. Upon examination, I found a patch of apparently erythematous condition of the skin with a few dry scales scattered about among the hirsute spot in each axilla. I diagnosed it as eczema. I applied acneine to the spots and gave the tablets internally. He reported in two weeks that it never itched after the first application was made and it has never troubled him since. He took about twenty-four tablets, and used one tube of acneine ointment.

A second case was that of a gentleman, 30 years old, having a scattered incrustation of the surface over the chin and below the mouth. It would itch and ordinarily discharge scales constantly in large quantities, so that it was difficult for him to keep his vest and coat clean. At other times it would exude a watery substance or serum which would form crusts and lumps in the beard and when removed would leave a raw surface. It annoyed him, at times, so much that he lost many nights' rest. I employed a good compound on the case with no permanent effect and often with no temporary results. I ordered acneine to be carefully applied to all the erythematous-appearing surface, giving also the tablets at the same time. The case was magically relieved; and the irritation has not returned, three weeks having passed.

A third case was that of acne in a young lady. She had been bothered and annoyed with an eruption on her face for some years. I questioned her carefully concerning herself, her habits,

mode of life, food, etc., and becoming convinced as to the cause, I gave her acneine tablets, and acneine to apply to the face. In a month's time from the employment of this remedy every vestige of the obnoxious disorder was removed, and now, three months having elapsed since her first visit to my office, she possesses a "skin whiter than snow and as smooth as monumental alabaster." You may imagine her joy.

Still another case in which I achieved marvelous results from its employment was that of a stubborn ulcer on the leg. It was almost a chronic case and I undertook it with grave apprehensions. But I immediately prescribed acneine and acneine tablets, and the results in ten days' time caused me to be agreeably surprised. I marvelled at the change in so short a time. If the patient continues to improve at this rate it will not be many months before he will be a well man, completely cured, and all due to acneine and acneine tablets. Both he and I sing its praises, for it is certainly a most commendable preparation.

It would afford me pleasure had I the time to cite other cases successfully treated with the same products, but I trust those I have recorded will suffice.

Acneine is a superior preparation and is far in advance of any of the ordinary routine remedies. It acts wonderfully upon all skin diseases, and I am thoroughly convinced that in the domain of dermatology it will become established upon a firm basis.

Cor. N. Grand Ave. and Barrett St.

The Mellier Drug Company, of St. Louis, have recently mailed to the medical profession of the United States a handsome engraving of "The First Meeting of the Medical Society of London, held in 1773," together with a circular mentioning every one of the members whose portraits are presented in the picture and stating in what particular line each was pre-eminent.

This engraving should prove an interesting and attractive addition to the walls of every physician's office, and if through an oversight any physician failed to receive a copy, or if his copy was damaged in transit, one can be obtained gratis by applying to the Mellier Drug Company, 2112 Locust Street, St. Louis, Mo.

COMPARATIVE THERAPEUTIC VALUE OF RECENT ANTISEPTICS IN PEDIATRIC PRACTICE.*

BY GUSTAVUS M. BLECH, A.B., M.D., OF CHICAGO.

The beneficial results which were experienced in all branches of surgery since the introduction of antiseptics have stimulated the clinicians and pathologists to adopt antiseptic medication in the treatment of non-surgical affections. Timidly at first, then bolder and bolder, progressive practitioners, thanks to the advances made by modern chemistry, have commenced to treat microbial diseases with antiseptics.

Of late everything seems to be microbial, and every drug heretofore employed empirically is now described as an antiseptic. We must not go too far in either direction. Not every drug is an antiseptic; nor is every disease due to a microbe or its toxins. The simple fact that a drug will destroy bacilli or its spores in a test-tube does not necessarily make it an antiseptic, or at least a fit antiseptic for medication of man, especially children.

The list of so-called antiseptics, praised in literature, advertised in medical journals, and recommended by authorities, is so large that the general practitioner cannot even as much as remember their names. It is, therefore, no wonder that one is frequently at a loss to know which particular remedy to employ.

It is well known that we have four great official antiseptics: mercury, carbolic acid, iodine, and silver.

In their official composition they are too toxic to animal cells to be employed internally. Modern chemistry has endeavored for this reason to produce derivatives (synthetically) which, while possessing the antiseptic qualities of the official drugs, should be free from the objectionable features of the latter. To a certain extent they have succeeded, and certain mercurial and phenol preparations are employed with impunity in the treatment of adults.

In pediatric practice, however, I have always hesitated to employ them; for I have observed once decided ill effects in a case of a child, three years old, from but 3 grains of salol, administered in three doses in one day.

*Read before the Section of Diseases of Children of the American Medical Association at Columbus, June 6-9, 1899.

For all practical purposes we need four kinds of antiseptics; those which are supposed to act on the respiratory tract; those which act on the gastro-intestinal tract; those which affect the urinary apparatus; and such as influence the entire organism.

The antiseptic treatment of the urinary tract has heretofore been a failure. All drugs employed for that purpose were nothing less than intestinal antiseptics, and their administration in doses large enough and frequent enough to saturate kidneys and urine was, to say the least, an unscientific experiment. Recently, however, urotropin seems to be an ideal antiseptic for that purpose, unsurpassed by any other drug, to my knowledge. Its value can be established clinically as well as bacteriologically. Decomposed by acid urine into ammonia and formaldehyde, it destroys the bacteria found in the urine in one or two days. In cases of bladder trouble it is valuable, because the disinfected urine will not undo any local medication we might employ for the bladder itself.

For diseases of the respiratory tract creasote was considered the only suitable medication. That it is an irritant is well known. Children could not take it, and all sorts of emulsions had to be prepared to make the drug palatable. This all is overcome by guaiacol carbonate, which is comparatively tasteless, non-irritant and non-toxic. I have given it to children for weeks, and have observed no ill effects whatever. It is very useful in obstinate cases of bronchitis, but is of doubtful value in tuberculosis of the lungs. I have had lately a good deal of experience with pulmonary tuberculosis, and my opinion can be given in but one straightforward way: there is no drug which will influence to any great extent the bacillus tuberculosis. Murphy's "surgical" cure has proven a total failure. I have seen cases come to my clinic who have had as many as three injections of nitrogen gas, with the results that the patients got worse. In one case, strange to say, one lung was "collapsed," while the other one revealed a cavity as big as a man's fist. Tuberculosis in its first and second stages can be cured by antitoxic treatment. I have employed injections of tuberculocidin (Klebs') with astonishing results, and am, at this time, inclined to consider it a specific for pulmonary tuberculosis.

"General" antiseptics, to my knowledge, do not exist, unless the various "antitoxic sera" are considered as antiseptics.

With carbolic acid and mercury excluded, there remain but two drugs—silver and iodine.

The former, in the colloidal preparations employed by Cr  d  , has proved a valuable remedy in certain affections of a surgical character; and for meningitis, if applied externally (inunction), but internally has yet to be tested.

Iodine has always been an ideal antiseptic and alterative. Iodoform, since its discovery, was heralded as a panacea for wounds, ulcers, and for certain affections of the stomach. I believe Boinet, in 1840, was the first to call the attention of the profession to the value of iodine as an antiseptic. Reveil, in 1863, showed that it would neutralize the action of viruses and venoms. Jalau de la Croix, later, maintained that a solution of $\frac{1}{1000}$ was sufficient to sterilize all the spores of bacteria. Roger and Davoine have shown it to be effective on the virus of glanders. The most important contributor on this drug, however, was Mosetig-Moorhoff, who described iodoform, if I remember right, as a "God-sent drug."

The objectionable features of iodoform, however, are too well known to need any mention here. Chemists have endeavored to produce an ideal iodine preparation, and, in my opinion, they have succeeded; iodol, aristol, euophen, and nosophen are well-known products which have become popular. To appreciate the value of these products, clinical tests alone, although perhaps the most valuable to the practitioner, are not altogether definite. Drug-nihilists so frequently sneer at our deductions from personal observations, shrugging their shoulders, with a sarcastic smile, and alluding to "*vis medicatrix natur  *," and to "getting well in spite of medical treatment." While such sophisms deserve no serious attention, there is a shade of truth in them. Neither do test-tube experiments suffice. The same drug which kills bacteria and their spores in the laboratory will not always destroy them in the intestinal tract. Animal experiments alone can offer us scientific proof.

Chemical examination of iodol, aristol, euophen and nosophen shows that the last named drug is the least toxic or, correctly speaking, absolutely harmless. Aside from certain animal experiments made at the University of Bonn, where nosophen and its sodium salt, antinosine—the later having the distinguishing feature of being readily soluble—were injected hypodermically,

the chemic reaction which takes place when these iodine preparations are introduced into the animal organism explains the non-toxicity of nosophen and antinosine. As is well-known, iodoform and the other preparations mentioned when introduced into the system liberate nascent iodine. Antinosine and nosophen, as has been proven to satisfaction by Prof. Binz and Prof. Zuntz, of Berlin, however, can be found in an unaltered condition in the excretions, the so-called iodoform intoxication depending entirely on this liberation of nascent iodine; for this reason, nosophen and antinosine are non-toxic.

Nosophen, its sodium salt (antinosine), and its bismuth salt, known as eudoxine, are odorless.

Aqueous solutions of antinosine have been applied again and again by me to the inflamed mucous membrane of the nose and throat of small children and I have noticed no complaint. Oculists of note use it now in solutions as strong as $2\frac{1}{2}$ per cent. as an antiseptic lotion. This substantiates that antinosine is non-irritant.

The skin of children is not only more delicate, but capable of greater absorption than that of adults. Nosophen dusted over forty wounds and ulcers on children showed, after three days, not the least irritation, healing taking place per primam intentionem. A few years ago, when employing dermatol, aristol and iodol, such results were not obtained, though the same care was exercised then as now.

If nosophen has received any criticism at all, it has been to the effect that it forms a crust too quickly, thus retaining secretion. Where such is undesirable it is advisable to add 25% of boric acid to a given quantity of nosophen. As an ointment (10%) it has proven of great value to me as an application in cases of eczema, intertrigo, ulcers of the leg, etc.

Antinosine is now used exclusively in my clinic for the disinfection of the nasal passages and to wash out discharging ears, particularly when due to scrofulosis; also in the obstinate forms of follicular tonsilitis angina, and as a local spray in diphtheria, croup, etc. This drug forms an excellent adjuvant in the treatment of tuberculosis. Regarding the strength of solutions, I use them from $\frac{1}{4}$ % up to 1% in children.

Eudoxine, the bismuth salt of nosophen, has proven an excellent drug in the treatment of all forms of infantile diarrhea.

It has arrested a profuse diarrhea in a girl, aged 13, in twenty-four hours, in doses of 5 grains every three hours, after such remedies as salol, bismuth and Dover's powder failed to check it. It was a case accompanying acute pulmonary tuberculosis. I have reported the case in full in an article headed "Eudoxine in Pediatric Practice."

On reaching the acid stomach, the bismuth contained in eudoxine becomes separated from it, and stable bismuth compounds are formed by the gastric juice, which exert a favorable action on diseased conditions of the stomach. The nosophen contained in eudoxine passes unaltered through the stomach, but during absorption in the alkaline intestine it is changed into its sodium salt—namely, antinosine—this being held in solution and acting as a antiseptic on the bacilli and their toxines found in the intestinal tract. In two cases of typhoid fever, the only ones I had occasion to see, the stools were soon rendered aseptic. If experience in adults could be considered here at all, I might add four similar observations on adults.

Dr. A. C. Bernays has resigned the chair of anatomy and clinical surgery which he held in the Marion-Sims College of Medicine. Upon his return from Europe he intends opening a school of operative surgery in which he will teach this branch.

The American Electro-Therapeutic Association will hold its Ninth Annual Meeting at Washington, D. C., September 19, 20, 21, 1899. The President, Dr. F. B. Bishop, appointed the following Committee of Arrangements:

Drs. D. Percy Hickling, chairman; Jos. Taber Johnson, G. Lloyd Magruder, Z. T. Sowers, Robert Reyburn, G. Betton Massey, Chas. R. Luce, Elmer Sothoron, Llewellyn Eliot, Clifton Mayfield.

Willard's Hotel has been chosen for the headquarters, and special rates have been made for all interested in this meeting.

Many able papers have been promised, and a very successful scientific meeting is assured.

CORRESPONDENCE.

DR. WILLIAM T. CATHELL'S ESSAY ON "A RELIABLE AND HARMLESS WAY TO DIMINISH AND CURE OVER-FATNESS," AND THE GRANULAR EFFERVESCENT SALTS.

Soon after the publication of the very able essay on Over-Fatness, by Dr. W. T. Cathell, of Baltimore, some fifteen months or more ago, we obtained through the courtesy of Mr. E. P. Street, the druggist, to whom we were referred by the doctor, several hundred copies, which we distributed wherever we expected its merits would be most appreciated. Numerous communications and orders have convinced us of the correctness of our judgment; a particularly high value has been placed upon the essay.

Dr. Cathell advises the use of Kissingen and Vichy on alternate days, and has been very explicit in his definition and identification of the waters he wants to have employed. He advocates the use of *natural waters*, provided they can be obtained fresh from the springs, while he deprecates their use decidedly when they are "brought from afar, for there is danger of their becoming so stale and altered before use as to be wholly unreliable," and therefore he "prefers the *artificial compound* made by the chemist's ingenuity to imitate the natural waters, when the springs are at their best," which he found "to be equally or even more definite in quality than the natural waters, therefore more certain in their action on fat."

In these few sentences the fallacy is justly exposed of the preference given so often to stale imported waters when the fresh home productions may be obtained so easily from nature, or, still better, from the artificial compounds of an expert chemist. Subsequently he defines his position promptly as regards probable substitutes by stating that "Kissingen and Vichy Salts taken in ordinary water are said to reduce fatness, but in a less degree, owing probably to the absence of carbonic and other gases. With them, given in this way, Shabe had no experience."

The substitution of dry salts instead of saline solutions for the production of mineral waters has never been advised or recognized

by reputable chemists, because of the impossibility to introduce into them the insoluble earthy carbonates and analogous salts which cannot become dissolved in the waters except by double decomposition of their soluble equivalents and alkaline carbonates. The former being very hygroscopic positively refuse to be employed with dry salts, and the substances they represent must therefore be left out from the composition of waters which are manufactured in this manner. However, this practice, wherever it may occur, is a wilful mutilation which ought not to be countenanced by the profession, nor should it be permitted that such deceiving products be called by the name of the springs whose medicinal qualities they pretend to represent. Dr. Cathell demands for his cure Kissingen and Vichy "as are equal to the natural springs at their best."

The granular effervescent salts are dry, granular powders, designed by their promoters for making impromptu effervescing solutions when in contact with water, and thus render the administration of medicines convenient and agreeable. They consist mostly of single or a compound of *medicinal soluble substances*, mixed intimately with an equal weight of potassium or sodium bicarbonate and their equivalents of citric or tartaric acid, or both. By their great convenience and constant readiness to prepare a carbonated drink, which may be even flavored pleasantly, according to the preference of the indulgent, and which may cover completely the disagreeable taste of some nasty medicine, the effervescent salts have gained great popularity with the physicians, to whom an improvement in the taste and the appearance of a medicine is always welcome, as well as to the delicate patients who have ever been opposed to the administration of vile and nasty drugs. Let us give them all the credit they deserve for their successful efforts in improving the elegant pharmacy. Insoluble substances, however, like the earthy carbonates, which form important ingredients of both Kissingen, Vichy and most all mineral waters, will not be rendered soluble by this process, as has already been alluded to above. On pages 12 and 13 Dr. Cathell has distinctly delineated the nature of the waters and the reasons for their application:

"Artificial Kissingen being an acidulous *saline*, and Vichy an *alkaline*, and both containing salts of calcium, magnesium, potassium, sodium and other minerals, in decided and definite quantities, united with carbonic acid and other gases, it seems logical

to suppose that when *alternately* mingled with the food-pulp or chyme in the stomach and intestines, day after day, their special combination of ingredients bring about reduction by some chemico-physiological readjustment of the alkalinity and acidity of the blood and the visceral fluids, or, possibly, of both humors and solids; and that this readjustment makes the fat-yielding pabulum less plentiful and less rich, therefore less favorable for fat-creation, and explains why increase of fatness ceases, and why re-absorption of the surplus contents of the fat-cells begins, and also why physiological reduction and reconstruction both result; all uniting to prove that Kissingen and Vichy, taken by this plan, are a reliable combination for preventing increase and reducing surplus to the normal proportion of one to fifteen or twenty."

In this paragraph the doctor lays particular stress not only upon the condition that the waters must contain all the ingredients of the natural springs, but especially that at all times their original character should be preserved. "*Kissingen* being an *acidulous saline* and *Vichy* an *alkaline*," etc.

If we apply the manner of producing effervescent salts according to the statement mentioned above to the main feature of Kissingen we find that as the natural water contains, by J. v. Liebig's analysis, 69.25 grains of solid ingredients in 16 ounces of water without any sodium bicarbonates, the same can omit 69.25 grains sodium bicarbonate, with its equivalents of citric or tartaric acid must be added to effect a possible effervescent solution. If by the addition of water this really should be obtained, would the solution not contain also the amount of alkali represented by 69.25 grains? And how would it compare to Vichy with a content of only 46.27 grains of the sodium salt? Would it not now have become an *alkaline* water in spite of the 50 grains of sodium and other chlorides it holds in its composition? The *saline* water which Dr. Cathell demands for his treatment, has in fact been converted by this process into an *alkaline muriated* one, and with this change not only its former properties have been altered but it has lost the faculty of serving as an active agent for the reduction of obesity, after the advice of Dr. William T. Cathell: "With them given this way, I have had no experience."

Although Vichy contains a small quantity of earthy salts in its composition, it retains or even increases its alkalinity in the pro-

cess of producing a sparkling water by effervescent salts; but as it loses its probable virtue by having lost its intimate associate in the intended action, it should be preferred not to insist upon its employment. Altogether it seems not to be advisable to abandon, for the convenience of carrying an effervescent salt in your pocket and the pleasure to watch the gases purling up in the glass after the addition of water to the salt, the plain original advice of the essay, especially as it is not very inconvenient to take the water three times a day, thirty minutes after each meal. It may be well concluded from the foregoing that one ought to be very careful in the selection and the employment of medicines, and in particular of reliable and trustworthy artificial mineral waters "as are equal to the natural springs at their best."

ENNO SANDER, PH.D., PH.G.

A CORRECTION.

Dear DR. OHMANN-DUMESNIL:

On page 45 of your July number of the ST. LOUIS MEDICAL & SURGICAL JOURNAL, you have attributed to the "pen of a Japanese physician" a part of my article, "Descent and Variation of the Bacilli," which you published in full in a previous number of your Journal.

The *Medical Record* is responsible for the error. In quoting Hutchinson's *Archives*, it gave the credit to "a Japanese physician." Hutchinson, in his quotation was duly courteous to me.

A. S. ASHMEAD.

New York, July 5, 1899.

How to Dissect a Mosquito.—A needle held in the left hand is passed through the thorax, the legs and wings are pulled off, and, if necessary, the scales of the body are brushed off with a camel's-hair brush. The tail is then lowered into a drop of water, salt solution or weak formalin, placed on a glass slide, and with another needle, held in the right hand, the last two segments of the tail are partially separated and held down upon the slide. The left hand is then moved in such a manner as to draw away the insect.—*Record*.

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,

Editor and Proprietor.

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EDITORIAL.

THE "INEBRIATES ACT" OF NEW SOUTH WALES.

Through the courtesy of the Colonial Secretary we have been placed in possession of a copy of the Inebriates Act presented to the Legislative Council by the Honorable Dr. J. M. Creed. We understand that it will be concurred in by the Legislative Assembly, it having passed in the Council. Briefly stated, it is an act to provide for the care, control and treatment of inebriates, and for purposes incidental to the above-mentioned objects. In the act an inebriate is defined as a person who habitually uses alcoholic liquors or intoxicating or narcotic drugs to excess. We cannot enter into all the various provisions of this act at this place, but it may be stated that safeguards are provided which would prevent any malicious imprisonment from being exercised. The physician is clothed with powers which are equal to those vested in him in cases of lunacy, and magistrates are given powers similar to those which they possess in this class of cases. The length

of detention provided for varies from twenty-eight days to twelve months, the idea being to afford an opportunity of treating inebriates in a manner which will be adequate and afford them a basis upon which their unfortunate habits may be discontinued.

When viewed dispassionately this is certainly a very wise and salutary measure. One of its effects will certainly be the reduction of crime and pauperism in a large degree. In addition to this, it will have the further effect of reducing in intensity the various habits which are so destructive to brain and body. The idea is not to treat unfortunate inebriates as criminals, but rather as patients. The necessity of incarceration to successfully effect reform is obvious to any one who has had an opportunity of observing such cases. Whilst great powers are conferred upon qualified practitioners by this act, so many safeguards are provided that there need be no fear that any abuses could ever be committed or that any one could ever be made the victim of designing or evil-disposed individuals. It is a necessary law for the reason that inebriates are unreliable, vacillating and easily tempted to backslide. Their moral responsibility becomes dulled to such a degree, either by alcohol or by narcotics, that the strongest resolution is shattered by the smallest temptation. A similar law would certainly be attended by the best results in this country.

Denaturalization—The curious term “denaturalization” is applied in Great Britain to processes which render certain substances unfit for human consumption. Thus tea which was damaged could be admitted free of duty, provided it were “denatured” and rendered unfit for consumption by treatment with lime and asafetida. This tea is now used profitably for the manufacture of caffeine, and the drug so produced can be sold at a price which renders competition almost futile. Damaged and unclaimed tobacco is “denatured” and nicotine washes are made for killing vermin. Alcohol is also “denatured,” and thus a cheap spirit is made, which, though undrinkable, is exceedingly useful for commercial purposes in numerous arts and industries. Denaturalization appears to be a profitable application of the “waste not, want not” principle.
—*Medical Age.*

MEDICAL PROGRESS.

MEDICINE.

Red Spectacles for Seasickness.—Bright red spectacles accompanied by internal doses of calomel form a new German specific against seasickness. It is deduced from Epstein's investigations on the influence of color on the blood-vessels in the brain. Seasickness is due to lack of blood in the brain; while red sends blood to the brain with a rush. By looking at one point for some time through the red glasses the patient is cured radically.—*Scientific American*.

Some Post-Operative Effects of Abdominal Surgery Viewed from a Medical Standpoint.—Dr. Thomas Hunt Stucky (*The American Practitioner and News*, March 1st), deducting from a limited experience of seventy-six cases, of which he had the record, concludes:

1. There are nervous cases which seem to originate reflexly from pelvic affections which are not relieved by removing the uterus or its appendages.
2. Often these cases after operation prove more obstinate to treatment, due probably to absence of ovarian function.
3. The operation often breaks the harmony of the essential organs and disturbs nutrition, which are two of the most common factors in causing the condition called neurasthenia.
4. The operation for removal should be performed in pathological conditions only.

Transfusion of Normal Salt, or Physiological Saline Solution.—Dr. J. P. Webster (*International Journal of Surgery*, May), in concluding this article, urged the importance of the following suggestions:

1. Transfusion of saline solution in all cases where there has been great loss of blood from any cause.
2. Take time to disinfect the skin before introducing the needle.
3. Seal the needle wound with collodium.
4. Transfuse: 1st. During operations where there has been even a moderate loss of blood. 2d. When shock is present

either before, during, or after an operation. 3d. In septic conditions, especially where the patient cannot retain the saline fluid per rectum.

5. Continue the transfusion until the pulse is of good volume.

6. Renew transfusion as soon as the pulse weakens.

7. Give at least three or four pints at the first transfusion, if there has been much shock or loss of blood.

8. Continue the transfusion until the patient is *dead*, or out of danger.

9. Use the solution hot, from 108° to 118° F.

10. As a rule the intercellular method is preferable to the intravenous:

(a) Because it is less complicated.

(b) It requires fewer instruments.

(c) That which is most essential—it can be administered by any nurse with perfect safety.

(d) There is no attendant danger of over-distending the circulatory organs, as in the intravenous method.

11. Always have on hand a two-quart aseptic fountain syringe, a sharp needle for intercellular, a blunt needle for intravenous, and a long, soft rubber tube for rectal transfusion.

I administer:

12. Rectal transfusions where there has been great loss of vital fluids through the rectum, as in typhoid fever, cholera infantum, summer complaint, etc.

13. Rectal transfusions in hemorrhage, or shock, when the sterile saline solution is not easily and quickly procurable, or while waiting for its proper preparation.

THERAPEUTICS.

Enteralgia.—Dr. Henry M. Lyman (*The Clinical Review*, April) says: Milder forms of intestinal colic are generally relieved by $\frac{1}{2}$ drachm or two of the champhorated tincture of opium, with a few drops of the tincture of the oil of peppermint, made into a toddy with a cup of hot sweetened water. This, followed by a gentle cathartic—rhubarb and magnesia—and a little discretion in the matter of diet, is ordinarily quite sufficient for the relief of the colics of children and young people. The intestinal colic of infancy is readily relieved by a few drops of Dewee's carminative—a preparation containing magnesia, asafetida and opium.

Naupathia.—Dr. Edwin K. Losee (*Medical Record*, May 13), in speaking of the treatment of this trouble, says: Chloral is another very good drug and may be used alone or combined with bromide in doses of gr. x-xx. t. i. d. Cocaine has been recommended, but it is not a safe drug to use; neither is hashish. Nitrate of amyl and nitro-glycerine have recently been suggested; but no better results have been reported than from the other, and they are not so safe to use. Belledonna and opium are not to be recommended, and Dr. Chapman's ice-bags are almost worse than the disease.

The proper treatment of a case begins before the patient goes to sea. If possible he should be perfectly rested and free from the worry of final details; then, if he relies upon the bromides, their exhibition should be commenced one or three days before sailing in doses of gr. xx.-xxx. t. i. d. until mild bromization is effected; then upon the sailing day a still larger amount could be taken. This may be all that is needed, depending upon the individual case. Bromides should not be taken to excess, as they may prove injurious; and the bromide of sodium is the best preparation. It should be procured in this country, as large amounts cannot be obtained abroad. But in order to be benefited by any of these drugs we must blunt the nervous system so as to make it insensible to shock.

Treatment of Symptoms.—A few drops of chloroform on sugar will sometimes relieve the vomiting. Tincture of capsicum well diluted is another good drug. Alcohol should be avoided, unless in the stage of exhaustion during the latter part of the attack. Do not take salines for constipation. The best laxative is compound licorice powder in full doses. Opium with some mild astringent may be given for the diarrhea.

In this way we may alleviate, perhaps prevent, the symptoms of that most distressing malady, naupathia, and so rob an ocean voyage of half of its horrors.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

The Bacteriological Condition of Wounds Under Antiseptic and Aseptic Treatment.—Dr. Kopinski (*Deut. Med. Zeitung*, No. 78, 1898) concludes a number of bacteriological investigations on animals, and from them has arrived at certain definite conclusions:

Operations, whether aseptically or antiseptically performed, assure no absolute sterility of wounds, and it is difficult to say which of the two methods in this respect is the better.

Antiseptic means in operation on healthy tissues must be given up, as they do not approach an attainable degree of sterility so nearly as asepticism does.

The principal hindrance to complete sterility, and the one most difficult to overcome, lies in the atmosphere.

In healing by first intention, both saprophytes and pathogenic micro-organisms are retained in the wound.

The regular course of wounds and their healing in the presence of pathogenic micro-organisms is explainable by the low degree of the virulence of the latter.

In a wound healed by first intention, both *staphylococcus aureus* and *albus* were met with.

Skin cocci frequently found their way into wounds, and, as a matter of fact, the skin showed itself to be a chief hindrance to sterility, as its microbes were deep-seated, and on this account were only removed with difficulty.

From the above conclusions, it follows that absolute sterility of wounds is unattainable, but that for a regular course of healing this is not absolutely necessary. With only a small number of microbes there may be no complications, as the organism possesses sufficient protecting power of its own.

Primary Union With or Without Gloves.—Theodor Kocher, M.D., etc., of Berne, Switzerland, in a paper before the American Surgical Association, which met in Chicago June 2 (*Boston Medical and Surgical Journal*, June 8th), concludes as follows:

1. Either: Do use sterilized rubber gloves for every operation when you wish to be quite independent as to the form of your nails, the touching of everything you like, and the liberty to wash or not to wash your hands, and when you can spend plenty of money. Put your covered hand from time to time in a strong antiseptic solution (best two-per-cent sublimate) during a long operation if you wish to be very careful.

2. Or: Do never wear gloves for operations; do what you like between your operations, but poison yourself every time before you operate by brushing and bathing your hands for ten minutes in a strong, hot sublimate solution after thorough washing and

cleansing with hot water, soap and alcohol for fifteen minutes. Repeat a short antiseptic ablution frequently during a long operation, when you wish to be very careful.

3. Or: Go the golden middle-way; avoid touching with uncovered hand any infective or septic material between the operations or wash it carefully away at once, cut your nails as short as possible, brush your hands thoroughly with hot water, soap and alcohol (85 to 95 per cent.), avoiding any poisonous disinfectant before you operate, and, if you wish to be very careful, put cotton, silk, or, best, rubber gloves on when you touch the threads for ligatures and sutures and when you have to tear the tissues much and to rub your fingers into the depth of a wound.

4. But don't forget that the healing of the wounds *per primam intentionem* does not depend exclusively upon your hands, but also upon the same preparation of the patient's skin, upon sterilization of everything else coming in contact with the wound and its surroundings; upon complete arrest of bleeding, exact closing of the wound by sutures, or avoiding accumulation of fluids in cavities, necessarily left, by drainage, and, last but not least, upon the use of antiseptic threads for ligatures and sutures, as long as impermeable threads are not yet invented.

DISEASES OF WOMEN AND CHILDREN.

The Treatment of Indigestion of Infants.—Indigestion of infants is too frequently ignored by parents, especially young mothers, until at last is engrafted gastro-intestinal catarrh, when at once they become alarmed, and justly too, and seek advice, either from the tradition-burdened grandmother or the physician. It is the physician's luck to be called after all domestic means have failed. He is supposed to effect a cure forthwith, even though he first has to remove the trouble caused by the lotions, potions, etc., which have been administered by the mother. If the mother had as vigorously watched the cause of the disturbance (faulty feeding) as she applies home remedies, the chances are that the child would have had no trouble. Infant feeding, then, should receive careful study by the mother, and attention be paid to the details of hygienic care. These measures would do much toward preventing indigestion and gastro-intestinal catarrh.

Treatment, too, of the diarrhea, which becomes a factor in the prognosis, should also receive attention. The use of mineral acids, bismuth and pepsin is well-known, and also the use of lactopeptine, which has been commended by J. Lewis Smith, who attests its usefulness in these cases.

For several years we have used lactopeptine in the indigestion of infants; in fact, it is much of a routine treatment, and the results have always been highly satisfactory. Infants need it when indigestion is more or less chronic, and it will do valiant service in correcting the difficulties of digestion here encountered. In addition to medical care, much attention must be given to the hygienic surroundings of the child, its bath, its outdoor life, its exercise, the water it drinks, and the quality and quantity of food taken.—F. P. NORBURY, M.D., in *Medical Fortnightly*.

Gonorrheal Salpingitis.—J. W. Taylor, F.R.C.S. (*The Medical Press and Circular*, May 31, 1899), emphasizes the main points contained in a paper with the above title, as follows:

1. That a large number of women who are suffering from tubal disease have been at some time or another exposed to the infection of syphilis, as well as of gonorrhea. That these undoubtedly show marked improvement after a prolonged course of mercury and iodides, and in the course of this treatment, unless acute pyo-salpinx intervenes (in which medicine is useless) it is the rule rather than the exception for all gross physical signs of disease to slowly and permanently disappear.

2. That many cases in which there is no history of syphilis, including cases in which there is the unmistakable history of gonorrhea, pure and simple, as the sole cause and starting-point of tubal disease, do similarly improve and get permanently well under the same course of treatment, provided always that the disease stops short of acute pyo-salpinx and its dangerous complications.

3. That acute pyo-salpinx is peculiarly liable to occur in the first place on the left side of the body, and its special severity is probably due to secondary infection from the rectum. That cases of pyo-salpinx, whenever possible, should be treated by free incision of the posterior vaginal fornix, by thorough exploration and emptying of all pus cavities from the pouch of

Douglas, and by iodoform gauze drainage. That this is far preferable to the older operation of removal of the appendages, which is not only much more dangerous, but is peculiarly liable to be followed by fecal fistula, an operation-sequel sometimes worse than death itself.

4. That such cases of mixed infection and acute suppuration treated by operative evacuation of the pus, with or without removal of the appendages, do sometimes not only recover, but remain permanently well without further treatment, the acuteness of the inflammation appearing to terminate the process of infection. In other cases, recovery is not so complete or relapses are met with, and these cases should be followed up by a course of specific treatment, the beneficial result of this being often immediately manifest when the wound tissues are unhealthy and the healing is delayed.

5. That occlusion of the tubes and peritubal adhesions consequent on gonorrheal adhesions have no direct specific causation, and must be regarded rather as secondary mechanical results of the local peritonitis, which has been caused by salpingitis.

Their absorption and disappearance will not, therefore, be necessarily secured by the cure of the gonorrhea, and sterility may persist, although gonorrhea is entirely eradicated from the system.

6. That in gonorrhea of the pelvis there will probably remain a residuum of intractable cases, particularly cases of complication with other diseases such as fibroids of the uterus. That in these cases operative removal of the organs affected will still be required, and that vaginal hysterectomy, whenever possible, with or without extirpation of the uterine appendages, is not only the most rational operation in theory, but is productive of the best final results.

SURGERY.

The Treatment of Hare Lip and Cleft Palate.—This much-discussed topic continues to be the subject of a good deal of doubt in many minds as to when and how to operate for the various conditions that present themselves. Many of the procedures necessary are entirely within the range of the general practitioner, but there always remains a feeling of hesitation as to the methods most advisable to employ and the most suitable

time for operation. Towards solving such doubts an authoritative review of the recent literature of the subject, and conclusive statements as to what seems best in the therapeutic suggestions that have been recently offered by various writers, will be of the greatest value to the busy practitioner.

Such a review of the treatment of hare lip and cleft palate is given by Dr. J. Chalmers DaCosta, in *Progressive Medicine*,* the new quarterly review of advances in medicine, of which Professor Hare is the editor. From it we gather that the tendency is more and more towards early operation. The third or fourth month used to be considered the earliest suitable time to operate. Murray now counsels operation in the fourth week; Mumford and Heath think it should be undertaken not later than from the sixth to the eighth week. Where cleft palate exists it is not operated upon so early. The harelip is operated upon alone, and the persistent pressure made by the closed lip helps to lessen the gap in the growing bone. The operation on the cleft palate is put off for a while; but this, too, not nearly so long as it used to be. If the closure of the defect is delayed until the child has learned to talk, the peculiarities of speech, especially its offensive nasal character, will never be corrected. The authorities are agreed, then, that a cleft in the soft palate should be closed about the sixth month, and in the hard palate during the second year.

The practical suggestions collected from the recent literature on the subject by Dr. DaCosta are very valuable to the ordinary practitioner. Space will permit us to give but a few of them. The use of the knife in operation, rather than the scissors, because the latter crushes tissue more, leaving its vitality impaired, especially at the edges, where this is so important for subsequent union; the avoidance of pins or heavy sutures in securing proper apposition after the operation is advised; though these are faults of technique in this matter that we fear have been so ground into the present generation by text-book and teacher that failures of union due to these crude, early methods will still continue to be frequent. The suggestion by Mumford as to anchoring the nares with shot wire will re-

**Progressive Medicine*, a Quarterly Digest of New Methods, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by H. A. Hare, M.D. Vol. I., No. 1, March, 1899. Lea Brothers & Co., Philadelphia.

move a very common cause of failure, due to the child's inevitable tendency "to turn up its nose" at and after the proceedings.

In double harelip it is advised to remove the intermaxillary bone by subperiosteal operation a week before the operation on the lip. If left it is liable to undergo necrosis. Its removal leads to some flattening; but this will not be great if the bone be removed by subperiosteal operation; and if but one side of the harelip be operated upon at a time. Among the directions for the operation for cleft of the hard palate we note these pre-operative measures of precaution, from Owen, which are sometimes forgotten, but of which the practical value it is easy to see: Never operate unless the child is in the best possible health; remove carious teeth, adenoids and enlarged tonsils before operating; and operate, whenever possible, in fine weather, so that the patient can get out of doors soon afterwards. The neglect to remove such ready sources of infection as carious teeth, and those harborers of microbes—the irresistible tissues of adenoids and enlarged tonsils—is very probably the source of a good many of the failures in uranoplastic osteo-resection.

GENITO-URINARY SURGERY.

Urotropin in the Treatment of Cystitis.—Kelly (*Therapist*), realizing that cystitis is due to the invasion of the bladder by micro-organisms, says that the first indication for treatment is to render the urine antiseptic. For this purpose he has tried, with a certain amount of success, salol, ammonium benzoate, guaiacol, resorcin, benzo-naphthol, sodium salicylate, creasote and other preparations. They are all helpful in making the urine antiseptic, but no one of them has given him the complete satisfaction which he has had from the use of urotropin, a non-toxic and non-irritating derivative of formic aldehyd. It is formed by the action of four molecules of ammonia on six molecules of formaldehyd, and was first introduced to the profession by Nicolair in 1895, who asserted that it possessed the power of dissolving uric-acid concretions, and also that, taken *per ora*, it prevented the development of bacteria in the urine. In cases of phosphaturia and cystitis its action is almost a specific one. It appears in the urine as early as fifteen minutes after its administration, and its presence can be recognized twelve hours later after a dose of $7\frac{1}{2}$ grains. It is soluble in 1.2 parts of water at 68° F., and the reaction of its solution is faintly alkaline.

If the condition of the patient is a very bad one large doses of the drug should be given, as much as 20 grains twice a day; and if the urine is strongly alkaline, a little dilute mineral acid should also be given until the reaction is improved. Kelly gave these remedies to a man aged thirty-five years, who had suffered for a long time with cystitis. Nine days from the beginning of treatment the urine became clear and slightly acid, and in fourteen days it was free from pus. This was the first time in fifteen years that he had passed clear urine. The dose of the urotropin was gradually diminished, and discontinued altogether in a couple of months. There was no return of the trouble.—*Med. News.*

The Prophylactic and Abortive Treatment of Gonorrheal Urethritis.—Dr. Victor F. Mueller (*Journal of the American Medical Association*, March 25) writes as follows:

Prophylactic Treatment.—After suspicious intercourse, the glans penis should be thoroughly washed and the urine passed in a full stream, which is suddenly checked by occluding the meatus. This will distend the anterior urethra, causing the water to penetrate to all portions of the fossa navicularis and the lacuna magna. The water passed in this way acts as a thorough irrigation to the anterior urethra and lacks the disadvantage of irritating injections. A 2 per cent. solution of ichthyol in water may then be injected. Pressure is brought to bear upon the urethra, back of the fossa navicularis, and the injection is forced into the urethra so as to fully distend the fossa, and is retained about three minutes. This is twice repeated. This injection is sufficiently strong to destroy gonococci, and will not cause an irritation of the mucous membrane. If these measures are carefully carried out, freedom from infection will be the rule.

Abortive Treatment.—The injection of strong solutions of nitrate of silver (20 gr. to the ounce) in the early stages of gonorrhea, with a view to converting the specific process into a simple acute inflammation, should never be employed, as it has proved unsatisfactory and dangerous. Though it may have aborted the disease in some cases, it must not be forgotten that such heroic treatment is very liable to aggravate the condition, causing the inflammatory process to extend and produce turgescence of the glans, marked ardor urinæ, abscess, prostatic congestion, cystitis

or epididymitis. However, if a 5 to 10 per cent. solution of ichthyol in water be employed, the results are superior to those obtained from the silver nitrate; it often aborts the disease, and never causes the inflammatory reaction produced by the latter. I have frequently employed this treatment on married men and traveling men, with brilliant results.

DERMATOLOGY AND SYPHILOLOGY.

Diet in Acne.—The regulation of the diet in this troublesome and so often obstinate affection is now generally admitted to be the most important element in the treatment of the disease. Patients themselves will usually have been trying various dietary experiments along with the ordinary home remedies before consulting a physician. Unless, however, the most explicit directions are given as to the proper diet, serious mistakes will be made by patients in the selection of foods, and especially as to its quantity. As Dr. Jackson says, in his *Manual of Diseases of the Skin*:* “The well-to-do are prone to eat too much, and it is remarkable how rapidly their acne will improve by reducing their diet to the simplest elements. In many of them a milk diet, provided milk agrees with them, will accomplish a marked benefit.” On the other hand, many young girls almost starve themselves entertaining the mistaken idea that a low diet will give them a fine complexion. Nothing could well be less true than this. Especially is there a prejudice against butter. The old explanation that skin eruptions were mainly due to the use of too much butter still remains absolutely true for most non-medical people, and even for some medical men. That butter should be used freely and that cod-liver oil and iron should be the only drugs required in many cases, as Dr. Jackson insists, would, to these good old conservatives, seem rank heresy. It is evident that more definite ideas as to the diathesis that underlies the etiology of acne have been acquired, and that the dietetic management of it rather than any empiric use of vaunted specifics constitutes the most modern therapeutics of this extremely frequent and bothersome condition.

Leprosy in Russia.—Leprosy is said to be spreading to a marked extent in Livonia and Courland. The military authori-

*From the third edition of a Ready-Reference Hand-Book of Skin Diseases, by George Thomas Jackson, M.D. Lea Brothers & Co., Publishers.

ties in these districts have been compelled to reject for the army many young men found to be infected with the disease. It is found to be exceedingly difficult to confine the disease to any one district, as the Norwegian authorities have found to their cost. It is a very serious thing that this complaint should apparently be establishing for itself another European center and should be displaying so much activity. More than five thousand cases are already reported from Russia.—*Med. Rec.*

DISEASES OF THE NOSE, THROAT AND EARS.

Naso-Cranial Relationship in Disease.—Dr. William C. Krause (*American Medical Quarterly*, June), writes as follows:

To draw a moral from the study of this question, showing that the nose and brain are intimate in their anatomical associations, in their physiological activity, and, lastly, in their pathological misfortunes, I desire to make the plea for a more careful attention to be given the nasal mucous membrane. We cleanse sedulously the surfaces of the body—the scalp, the teeth and buccal cavity, and, for cleanliness merely, the rectum and the vagina, and yet never dream of applying any lotion to the most dangerous and filthiest of all cavities, the nasal. This, perhaps, has been due to our early education of lavage; if so, then our children and patients' children should be taught that a nasal toilet is a part of the daily toilet. Seiler (*New York Medical Journal*, July 18, 1896) calls attention to the fact that it is no more difficult to teach a child to cleanse the nostrils and anterior cavities with an appropriate wash than it is to teach them, as is done in every family, to use the tooth-brush. Phillips, in following up this question, recommends warm medicaments, not strong enough to cause pain, to be applied daily.

Acute Rhinitis.—Dr. Wadsworth Warren (*The Medical Age*, January 10, 1899) states that, clinically, an acute rhinitis consists of three stages, which may be termed:

1. A prodromal stage, marked by general disturbance. There is rarely a decided chill, but usually chilly sensations are felt, pains in the bones, a feeling of lassitude, and perhaps a headache. These symptoms usually occur before the local inflammation shows itself. These various general symptoms would seem to teach us that an acute rhinitis comes about through a general

disturbance—that is, that the exposure to cold acts indirectly through the central nervous system.

2. In the second stage, which may last from six to twenty hours, the vascular spaces in the turbinated bodies and all the vessels in the mucous membrane are immensely congested, but secretion is practically checked, and there is a sense of dryness and sometimes painful discomfort in the nose.

3. The stage of hypersecretion. At first a watery secretion, often quite irritating to the skin of the nostrils and lip, is poured out in abundance. After a day or two this becomes a thicker, more natural mucous secretion, which still later is likely to take on muco-purulent characteristics.

OPHTHALMOLOGY.

Oculo-motor Paralysis from Typhoid Fever, with a Case.—Dr. de Schweinitz reported to the Section on Ophthalmology of the College of Physicians of Philadelphia a case of complete right oculo-motor paralysis without involvement of the ciliary muscle, occurring in a man, aged 22, during the relapsing period of a severe case of typhoid fever. Four months after the attack the ptosis had disappeared, but there was limitation of the upward, downward and inward rotations, the inward movement being most limited. Dr. de Schweinitz briefly reviewed the literature of extra-ocular muscle palsies occurring as a complication of typhoid fever, and thought his case might be explained by a meningitis; or perhaps by an effect of the disease directly upon the oculo-motor nerve, producing a neuritis, precisely as it produces neuritis of other nerves in the body, notably those supplying the extremities.

Dr. C. A. Oliver asked if the case showed any albuminuria, as he was at present studying an excellent example of the nuclear type of relapsing oculo-motor palsy following chronic nephritis from typhoid fever, in a young woman, that served as an illustration of Knies's belief of association of the two causal conditions. Dr. de Schweinitz replied that albuminuria was not a factor in his case.

Is there a "Hypermetropia Acquisita?"—Dr. B. A. Randall, at the same meeting challenged the common view that there is a natural reduction in the refraction of the eye, and called for any competent evidence of it. That nearsight grows less annoying

is generally ascribable to the narrow pupil of age; that farsight appears, which had been previously unnoted, is due to the waning of the accommodation which had covered it. Flattening of the lens is as little proven as the popular idea that the cornea flattens; and the claim that the lens-layers become more homogenous in refraction-index with age seems contrary to most of the known facts. The cases scientifically observed through the period from 55 to 80 must necessarily be few, and many will show increase of refraction from cataractous changes in the lens; unchanged refraction in a cited case in point might be plausibly but inconclusively ascribed to this, and in any showing decreased refraction proof that previous measurements were unimpeachable will be virtually impossible. Mydriatics are rarely used in presbyopic eyes, and can fail as signally to abolish spasm in them as in younger eyes; accommodation is present, although its range is shortened, and Donders even represents a diopter as remaining at 80. The apparent confirmations of "*H. acquisita*" prove too much both in degree and rapidity of change, as in a case cited where $H = 150$ at 54 became $H = 3$ at 68, just as may happen in a few months with young eyes. Old eyes, like young eyes, are generally hypermetropic, often in notable degree; but the assumption that they are emmetropic in the middle period of life lacks scientific basis.

PROCTOLOGY.

Etiology of Hemorrhoids.—Dr. T. Lauder Brunton, before the Medical Society of London, March, 1899, considers those conditions which tend to bring on piles, and said:

First of all, then, we have too free living with insufficient exercise, so that the liver, which may be compared to the coal-bunker of the body, has its cells too constantly filled with reserved nutriment, and this tends to present a hindrance to the passage of portal blood. Next comes what is usually known as a chill in the liver. What the exact pathology of this is, I cannot positively say, but it is a condition which comes on with very great readiness in people who have suffered much from malaria, and in them we find that the liver tends to become larger than usual—sometimes only a little, sometimes very much larger—and at the same time becomes tender to touch. This condition is frequently associated with loss of appetite, and sometimes with in-

testinal pains, and a frequent concomitant of it is piles. This condition is brought on in persons subject to malaria with very great ease indeed, and the observations made upon them are most instructive, as showing us how to treat not only such patients, but also others who may suffer from the same causes in a less degree. There are four places in such persons which are apt to be affected by a chill. First, the back of the neck; secondly, the abdomen; thirdly, the shins; and fourthly, the feet. The danger of wet feet is universally recognized, and no one wonders when a person gets gastric or intestinal catarrh, or both together, after sitting in wet boots. The danger of cold to the abdomen is almost universally recognized in tropical countries, and in India people will wear many turns of cloth round their middle who have little covering to the rest of their bodies.

An Application to Rectal Ulcers.—At the New York Polyclinic Hospital and at the Alms House hospital in New York, Dr. Tuttle uses local treatment intelligently and energetically, combined with suitable internal treatment, in cases of severe rectal and colonic ulcers. His local treatment consists of the sigmoid speculum, so as to bring to view twelve inches of the lower bowel. To all ulcerated surfaces he applies through this tube a solution of protargol, or any astringent and antiseptic that he may select. This is repeated twice a week while each day he applies, through a bougie, after thorough cleansing, a solution of hydrastis. They are cured in from six to twenty weeks.—*Kan. City Med. Index.*

TERATOLOGY.

A Double Penis.—Dr. J. W. Keppel, of Greenspring, Ohio, reports the following case to the *New York Medical Journal*:

While the subject of maternal impressions is taking so prominent a place in the columns of the *Journal*, I wish to add my experience to the rest.

On the 21st of April, 1886, I was called to the following case: Mary A., aged twenty-three years, unmarried, came of a family of amorous propensities. Suspecting her to have been intimate with several young men and finding her approaching maternity, I made bold, in a joking way, to ask her, who was the author of

her unborn child. Frank, free, and indiscreet girl as she was, at once, during an interval of pain, she confessed to me that she was not positive as to the identity of the father, as she had been very intimate with two young men, both of whom she was equally enamored of. Both wishing to marry her, she had thought a great deal about the matter, but was unable to make a choice between them. In a few hours she was delivered of a nine-pound male child, normal in every way with the exception that he possessed two distinct and well-developed penes. This phenomenon at the present writing is twelve years of age, and by personal observation I find that one penis (the right one) is used for the sole purpose of urination, while the other one is the only one capable of erection under excitation. Now, the query in my mind is, If this girl had three lovers instead of two, would the offspring have been the possessor of three penes instead of two, and what would have been the function of the third? I ask this from the standpoint of the advocates of maternal impression.

MEDICO-LEGAL.

Cannot Replevin Human Corpse.—What the supreme court of Michigan terms a more novel than difficult question was presented to it in the recent case of *Keyes vs. Konkel*, which was an action to replevin to recover the dead body of the plaintiff's brother. The deceased died at a hospital, and the defendants, who were undertakers, took charge of the corpse by request of the hospital authorities. The plaintiff, after the defendants had performed some services for fitting the body for burial, demanded possession of the body, and the defendants refused to deliver the body up unless paid for their services. Thus was raised the question of whether replevin will lie for a human corpse. The Michigan statute provides for the proceeding of replevin in the justice court, and requires an affidavit by the plaintiff setting forth that his "personal goods and chattels" have been unlawfully taken or are unlawfully detained. The replevin statutes provide for a judgment for the defendant, when the plaintiff fails in his case, for a return of the property or its value. Now, it is apparent, says the supreme court, that no return of the property can be ordered in case of the replevin

of a dead body, and it is equally true that its value in money can neither be appraised nor ascertained by a jury. It was formerly held in England, continues the court, that there can be no property in a human body. In certain modern American cases a dead body has been said to be a quasi property, and the right to control and bury it, and to recover against one who mutilates the corpse, has been maintained. Recovery for the refusal of the right to bury or for mutilation of the body is rather based upon an infringement of a right than upon the notion that the property of the plaintiff has been interfered with. The recovery in such cases is not for the damage to the corpse as property, but damage to the next of kin by infringement of his right to have the body delivered to him for burial without mutilation. In numerous cases equity has taken jurisdiction to prevent interference with the control of the dead body by persons entitled to control it. And in one instance an English court granted the remedy by mandamus to a jailer. But on every consideration, the supreme court of Michigan says that it is of the opinion that replevin can not be maintained. It was not contended here that the defendants were entitled to maintain a lien. It is obvious, adds the court, that return cannot be adjudged. Consequently, it holds the only proper judgment to be one dismissing the proceeding, with cost of all the courts to the defendants.—*Jour. Am. Med. Ass.*

New Ruling in an Action for Malpractice.—In the *Western Medical Review* of April 15, 1899, a decision against Dr. Walter N. Courtney is referred to, in which a verdict was returned in favor of the plaintiff for \$1200. The Supreme Court held that the preponderance of evidence was in favor of the defendant, one witness having testified for the plaintiff that the treatment was proper and two others for the defendant. The one witness for the plaintiff was a homeopathic physician, and the court announces the following as a rule of law: "In an action for malpractice, a physician or surgeon is entitled to have his treatment of his patient tested by the rules and principles of the school of medicine to which he belongs."—*Medicine.*

BOOK REVIEWS.

Transactions of the Southern Surgical and Gynecological Association. Vol. XI. Eleventh Session, held at Memphis, Tenn., Dec. 6, 7 and 8, 1898. 8vo., pp. 516. [Published by the Association. 1899.]

There were but thirty-two members of this thriving and progressive association present at the Memphis meeting, and yet we will venture to assert that the present volume of Transactions is the best one which has appeared so far. Every one present worked, and it is in this fact that the secret of the great success of the Association lies. It has a membership composed of earnest and indefatigable workers, and it never fails to count a goodly number of such at each one of its meetings. And we wish to say right here that there is not a better nor a more systematic and thorough worker in its ranks than its permanent secretary, Dr. W. E. B. Davis, of Birmingham, Ala., who has acted as such from the very foundation of the Association up to the present day. He has been the working member of the publication committee, and it is to him principally that the credit belongs of it having produced such excellent volumes.

There are thirty-two papers in the volume before us, and we can only notice a few of them on account of a lack of space. A most excellent paper is that by Dr. Howard A. Kelly on the Dissection and Liberation of the Sphincter Ani Muscle, followed by its direct suture in cases of complete tear of the perineum, with a splinting suture passing between the outer and inner margins of the muscle. This paper is illustrated with eight beautifully executed plates, and is one which will be read with much interest by every operating gynecologist. A most excellent paper, and one deserving of careful reading at the hands of all surgeons, is that by Dr. A. Morgan Cartledge, of Louisville. Whilst he may seem somewhat conservative in some of his conclusions, there is no doubt that he is correct when he states that in acute attacks of appendicitis, operation, when possible, should be performed within the first twenty-four hours after the onset of the symptoms. Do not operate too soon after a severe attack with many adhesions; the operation will be greatly simplified by waiting a few weeks longer. The paper is marked by sound reasoning throughout.

Thoracic Resection for Tumors Growing from the Boney Wall of the Chest, is a paper by Dr. F. W. Parham, which is an exhaustive monograph of 142 pages upon the subject with which it deals. It is excellently illustrated, and it will no doubt be reprinted separately in book form, as it certainly deserves to be placed in such form as to be accessible to all surgeons. No surgical library can be considered complete without a copy of this

splendid monograph, which is truly an ornament to the volume before us.

Before closing we desire to add that the volume is handsome, like its predecessors, elegantly bound with beveled edges and gilt-edged. The paper and presswork are in the well-known style of Dornan, the *facile princeps* of Philadelphia's printers.

SAUNDERS' MEDICAL HAND ATLASES.

Atlas of Diseases of the Skin, including an Epitome of Pathology and Treatment. By PROF. DR. FRANZ MRACEK. Authorized Translation from the German. Edited by HENRY W. STELWAGON, M.D., Ph.D. 12mo., pp. 191. With 63 Colored Plates and 39 Full-page Half-tone Illustrations. [Philadelphia: W. B. Saunders. 1899. Price, \$3.50 net.

This latest issue of Saunders' Medical Hand Atlases will meet with deserved success. Atlases of skin diseases are notoriously high-priced and the good are not so very numerous. In view of these facts, and of the further one that the one before us is both excellent and cheap, it need not be a matter of surprise to see it achieve an unprecedented success in the way of large sales. The plates have been exceedingly well chosen as far as the variety of diseases of the skin represented is concerned.

Psoriasis and eczema very deservedly hold a prominent position in the number of plates devoted to each, and purpura in its different varieties is also well represented. Some very good examples of pemphigus vegetans are shown in Plates 33, 34 and 34a. An interesting plate is that numbered 37, representing a case of hyperchromatosis arsenicalis, which at first might be mistaken for one of tinea versicolor. This latter is shown in Plate 60, but it is not a typical case. In plate 57 is given a picture of pityriasis maculata et incrusta (Gibert's Disease), which the author calls "herpes tonsurans maculosus et squamosus." As to which is correct it is very difficult to determine. From the incomplete history appended we would be inclined to favor the diagnosis of the editor.

We cannot enter into a detailed description of each plate, and it must suffice to say that each one is executed in the highest style of art. He who carefully studies the plates and the histories thereto appended will gain a very good general idea of a rather obscure subject; and, if he adds thereto a careful reading of the epitome, which is introductory to the plates proper, he will be ready to undertake a serious study of dermatology. The author has very judiciously omitted figuring rare or very unusual skin diseases, preferring to give representations of the more common dermatoses. This will certainly meet with the approval of all those who will have occasion to consult the book.

The publisher has produced this work in handsome form and within the means of all. We would recommend it not only to all

medical students, but to all practitioners of medicine, as a compact, valuable and reliable guide in the determination of the nature and diagnosis of skin diseases. O-D.

Massage and the Swedish Movements. Their Application to Various Diseases of the Body. By KURRE W. OSTROM. Fourth Edition, Revised and Enlarged. 12mo., pp. 165. With One Hundred and Five Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

The popularity of this little work can be easily judged when the fact is taken into consideration that this is the fourth edition in ten years. Much new material has been added in this edition and many new illustrations introduced. The vibrations have been analyzed and particular attention has been paid to the treatment of constipation and of lateral curvature of the spine. Throughout the text is clear and perspicuous as well as concise. These are features which have been observed in previous editions, and it is no doubt due to this that the book has been so popular with physicians and nurses. This manual will be found of the highest value to the physician who desires to know more of mechanico-therapeutics, to the nurse who desires to become more perfect; and to the professional masseur who wishes to keep abreast of the progress and improvements in his specialty. This book is better than previous issues, which were most excellent.

The Newer Remedies. A Reference Manual for Physicians, Pharmacists and Students. By VIRGIL COBLENTZ, A.M., Pharm.M., Ph.D., F.C.S., etc. Third Edition, Revised and Very Much Enlarged. 8vo., pp. 147. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

This is a book whose usefulness has created a demand for it. The first edition appeared in April, 1895, and we already have a third. As the title indicates, it deals with the new remedies, whose number seems to be increasing at a vertiginous rate. It is needless to state that this book contains much material that cannot be found in the text-books. Both the physician and the druggist will find it a valuable and reliable guide on the subject with which it deals. The various articles are arranged in a concise, alphabetical form, synonyms being given in their proper places, with cross-references, so that the information wanted can be found with the least expenditure of time and trouble. We are certain that a better acquaintance with this book will increase its popularity.

Pyorrhœa Alveolaris and its Relations to General Medicine. By JOHN FITZGERALD, L.D.S. 12mo., pp. 62. [London: The Medical Publishing Co., Ltd., 22½ Bartholomew Close, E. C. 1899.

The present booklet is a reprint of a series of articles which appeared in the *Clinical Journal* during March and April, 1899.

The subject of pyorrhea alveolaris, or Riggs' Disease, is one which has been almost entirely confined to the dental profession. As we have had occasion to point out on numerous occasions, it is a trouble with which every physician should familiarize himself and in whose study every dentist should perfect himself. The disease is not a mere local process, but most often an expression of the presence of some dyscrasia. In the little monograph before us the author sets forth these points very clearly, and it cannot fail of being of the highest value to both the medical and the dental professions. We are very much pleased with it and can recommend it heartily.

Hay Fever and Its Successful Treatment. By W. C. HOLLOPETER, A. M., M. D. Second Edition, Revised and Enlarged, 12mo., pp. 151. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

The fact that a second edition of this book has been called for within a year is certainly evidence of the fact that it has been appreciated, and also of the further fact that it was opportune in view of the circumstance that there is so much hay fever in this country. In the present edition the author has made additions so as to include the treatment of the various types of the disease. As we remarked on a former occasion, when reviewing the first edition, this work, though small, is thorough and the treatment given is easy of application and ought to be successful. We anticipate the appearance of a third edition in a very short space of time, as there naturally exists a demand for such an one.

Essentials of Modern Treatment of Disease. For the Use of Practitioners. By K. M. NADKARNI. 16mo., pp. 462. [Madras: N. K. Rao & Co. London: Balliere, Tindall & Cox. 1899. Price, rupees 4, or 8/-

This is a well-constructed little compendium intended for ready reference. The author was recently associate editor of the *Indian Medico-Chirurgical Review* and is editor of the *Doctor's Magazine* of Bombay, two positions which have eminently qualified him to write the little book before us. Bengal has furnished English medical literature with many excellent authors, among whom that of the present book can be counted. The essentials under review contains the treatment of six hundred diseases, alphabetically arranged for ready reference. In addition to this it contains eight hundred prescriptions from the leading specialists of the world. The book is well printed and handsomely bound, and it is a real credit to the Madras printers and to the publishing house which has issued it.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

Saunders' Medical Hand-Atlases. Atlas of Diseases of the Skin, including an Epitome of Pathology and Treatment. By Prof. Dr. Franz Mraček. Authorized translation from the German. Edited by Henry W. Stelwagon, M.D., Ph.D. 12mo., pp. 191. With 63 Colored Plates and 39 full-page Half-Tone Illustrations. [Philadelphia: W. B. Saunders. 1899. Price, \$3.50 net.

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Pyorrhœa Alveolaris and its Relation to General Medicine. By John Fitzgerald, L.D.S. 12mo., pp. 62. [London: The Medical Publishing Co., Ltd., 22½ Bartholomew Close, E. C. 1899.

Transactions of the Southern Surgical and Gynecological Association. Vol. XI. Eleventh Session, held at Memphis, Tenn., Dec. 6, 7 and 8, 1898. 8vo., pp. 516. [Published by the Association. 1899.

Essentials of Modern Treatment of Disease. For the use of Practitioners. By K. M. Nadkarni. 16mo., pp. 462. [Madras: N. K. Rao & Co. London: Baillière, Tindall & Cox. 1899. Price, Rupees 4 or 8/-

Massage and the Original Swedish Movements. Their Application to Various Diseases of the Body. By Kurre W. Ostrom. Fourth Edition. Revised and Enlarged. With 105 Illustrations. 12mo., pp. 168. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

The Newer Remedies. A Reference Manual for Physicians, Pharmacists and Students. By Virgil Coblentz, A.M., Phar.M., Ph.D., F.C.S., etc. Third Edition. Revised and very much Enlarged. 8vo., pp. 147. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.00.

Announcement Extraordinary.—We find the following in the *Louisville Medical Monthly*: It is pleasing to announce that beginning August 1st the *Louisville Medical Monthly* and the *Louisville Journal of Surgery and Medicine* will be merged into one journal, and issued under the name of the *Louisville Monthly Journal of Surgery and Medicine*.

The *Louisville Journal of Surgery and Medicine*, continuing

Mathews' Quarterly Journal of Rectal and Gastro-Intestinal Diseases, has had a most prosperous career, and the combination of interests of the two journals will make the *Louisville Monthly Journal* the strongest medical journal in the South.

The *Monthly* will be edited by Dr. Jos. M. Mathews, Dr. A. M. Cartledge, Dr. H. Horace Grant, and Dr. Henry E. Tuley, the last-named being the managing editor.

Saunders' Medical Hand-Atlases have achieved what may be considered an extraordinary success. We learn from Mr. Saunders that he contracted to sell 100,000 copies of these books; but, so far have all his calculations been exceeded that it now looks as if the sale will reach 200,000 copies. This must be gratifying, not only to the publisher, who has always been liberal and enterprising, but a source of pride to the profession to see such a practical manifestation of appreciation of a good work.

A Useful Present.—W. R. Warner & Co., of Philadelphia, New York and Chicago, are distributing free to doctors and druggists a very complete list of drugs, giving apothecary and metric doses. They are arranged in convenient columns and printed on coated linen cloth, size 22x14, for hanging at the prescription counter or in the doctor's office for ready reference. It will be sent to any doctor or druggist upon request. Drop them a postal for it.

Notes on Malaria in Connection with Meteorological Conditions at Sierra Leone is a 16-page octavo pamphlet, by Major E. M. Wilson, C.M.G., D.S.O., published by H. K. Lewis, 135 Gower St., London, at the price of one shilling. It is a very interesting and valuable study of the subject, enriched by excellent tables.

The American Medical Quarterly is the latest candidate in the medical journalistic field. The number before us is a large imperial 8vo. of 96 pages, replete with high-grade original articles and a few pages of editorials. The initial number includes among its contributors some of the best known and most capable men in the medical profession of this country. There is no editor apparent, as all articles are signed. This detracts in no way from the value of the publication, which is published at the remarkably low price of \$2.00 per annum. As will be seen by reference to another part of the JOURNAL, arrangements have been completed whereby our readers can obtain the *American Medical Quarterly* and the JOURNAL at the exceedingly low price of \$2.00 per annum in advance.

The Illinois Medical Journal is one of the few medical publications that has no advertisements. It does not need any because it is the official organ of the Illinois State Medical Society. It is a large octavo of 48 pages, printed at Springfield, and managed by Drs. E. W. Weis, H. N. Moyer, and G. N. Kreider, who

constitute the Committee on Publication. It is a very neat publication, which will appear monthly, the subscription price having been fixed at \$3.00 a year, which should be sent to Dr. Kreider, of Springfield, the Treasurer of the Society.

MELANGE.

School of Orificial Surgery.—The thirteenth annual class for instruction in orificial surgery will assemble in Chicago, at 9 A.M., September 4th, 1899, and will continue to meet daily during the week, as usual.

For particulars in this clinical course address

E. H. PRATT, M.D.,
100 State Street, Chicago.

Mississippi Valley Medical Association.—The following circular letter has been sent to the members of the regular medical profession: The twenty-fifth annual meeting of Mississippi Valley Medical Association will be held in Chicago, Ill., October 3, 4, 5, 6, 1899.

In view of the fact that this is the first meeting of an association of national importance held in Chicago for a number of years, the profession of that city, under the leadership of Dr. Harold N. Moyer, Chairman of the Committee of Arrangements, has provided many attractions for the visiting doctors. Among them may be mentioned an attractive program in both medical and surgical sections, and special clinics in all the departments of medicine and surgery, to be given at the various hospitals and colleges, before and after the meeting of the Association. The occurrence of the Autumn Festival at this time is an added attraction. The President of the United States and his cabinet, Admiral Dewey, the Premier of Canada, and President Diaz of Mexico, have signified their intention of being present. The railroads have thus early promised a one-fare round-trip rate, with a liberal limit to tickets.

The Committee of Arrangements will issue a souvenir program, which will also be the official program, to the number of 35,000, to be sent every doctor in the Mississippi Valley and territory contributory to Chicago. This will contain, beside the

program of the meeting, a schedule of the clinics before and after the meeting, and a sketch of medical Chicago.

You are urged to be present at this meeting and present a paper before either of the sections, but in order to have it in the program, the title must be sent the Secretary not later than August 10th. It is hoped that only those who are reasonably certain of attending the meeting will send titles, as otherwise some who would go might be crowded off the program.

This meeting will undoubtedly be the meeting of the year, and it is hoped you can attend.

Very truly,

HENRY E. TULEY, M.D., Sec'y, DUNCAN EVE, M.D., Pres't,
Louisville, Ky. Nashville, Tenn.

University of the State of New York—Medical Examination—Questions in Surgery.—1. Explain the preparation and preservation of animal ligatures and sutures.

2. Describe an operation for the radical cure of bunions.

3. Give the procedure for producing cocaine anesthesia during the removal of a small tumor of the skin.

4. Describe morbus coxarius and give its treatment.

5. Give the indications for amputation in compound fracture of the thigh. Describe the operation and its details.

6. Give the etiology, diagnosis and treatment of chronic blenorrrhea of the lachrymal passages.

7. Describe two methods of sterilization of the skin.

8. Differentiate fibrous union from non-union following fracture of the shaft of the humerus.

9. Describe an operation for circumcision.

10. Describe convergent strabismus and give its surgical treatment.

11. Give the technic of trephining.

12. Give the differential diagnosis of penetrating and non-penetrating wounds of the chest wall, with the prognosis and treatment of each.

13. Mention the varieties of hip-joint dislocation, and describe in detail two of these varieties.

14. Give the diagnosis and treatment of aneurism of the femoral artery.

15. Differentially diagnose chancre, chancroid and herpes progenitalis.—*Med. Rev. of Reviews.*

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 705.

VOLUME LXXVII.—SEPTEMBER, 1899.—No. 3.

ORIGINAL COMMUNICATIONS.

A CASE OF ICHTHYOSIS NIGRICANS.*

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

It is certainly far from my intention to bring up this disease as rare or unique; but it is sufficiently uncommon to merit a few words and to call attention to a few interesting points connected with the case which forms the subject of this paper. Ichthyosis is a condition of the skin which is of sufficient frequency to have been seen by everyone who has been engaged in the practice of medicine for but a limited number of years. More especially is this true of that form known as ichthyosis simplex, which occurs on covered parts of the skin, and in limited areas. This is the form in which the usual appearance presented is that of dryness and a more or less close resemblance to the scales of a fish, whence it has derived its name. In some instances, the condition is more marked, a rough, spinous skin being exhibited—the so-called ichthyosis hystrix—and, strangely, it is apt to be universal in these instances, with the exception of the face, scalp, soles of the feet, and palms of the hands. In the case which I will narrate, the fundamental condition is of this order, the only variation being in the matter of the color, and the still indistinctly marked character of the ichthyotic condition in so far as its rough and spinous character was concerned. Before entering into a detailed

*Read before the Missouri State Medical Association, May 16, 1899. Cu's kindly loaned by *American Journal of Dermatology and Genito-Urinary Diseases*, in which article has appeared.

consideration of the different questions entering into the subject, it may be well to give a short history of the case, which was kindly referred to me by Dr. E. W. Fiegenbaum, of Edwardsville, Illinois.



FIG. 2.—Ichthyosis Nigricans.

CASE.—The patient is an infant fifteen months old, whose general health has always been good. It weighs thirty pounds, and has brown hair and gray eyes. Neither the grandparents nor the

parents ever had the disease, nor have any brothers or sisters ever shown any signs of ichthyosis. The mother has always been a



FIG. 3.—Ichthyosis Nigricans.

healthy woman, and never had any miscarriages. So far as the patient is concerned, as has already been stated, it has always

enjoyed excellent health. The ichthyotic condition was not observed until the child was two weeks old. As is the case in the generality of these cases, no untoward symptoms have been observed since its birth, with the exception of the cutaneous condition.

A peculiar, as well as interesting condition, is presented. As will be seen from Figures 2 and 3, the child's skin has an appearance which is very suggestive of a knit "Empire" garment. The feet and hands are covered by the ichthyotic skin, as is well shown in Figure 2. Viewed from in front, the whole anterior surface of the limbs and body has this black, spinous, dry skin. From a point anteriorly, about the nipple and going upwards over the shoulder, there is an area which is not so pronounced in its character. A few small, isolated areas on the left shoulder show this same comparative freedom from color and marked appearance. A perfect line of demarkation runs around the neck somewhat lower down on the thorax and marks the line of division between the normal and the affected skin. The face and scalp are almost entirely free from the trouble, a few small and slightly marked ichthyotic areas existing upon the forehead. The posterior aspect of the body is not so markedly affected as the anterior. Here it will be noticed that the neck is free, and that but a narrow band of the very marked ichthyotic condition exists, resembling a necklace. The back has numerous small areas but slightly affected, and the most marked ones are not so to the extent observed on the chest. The buttocks appear to be comparatively free of the condition, the ichthyosis being hardly perceptible, and the skin having a remarkably white appearance when contrasted with the almost black appearance of the surrounding integument. The area which is thus free is strongly suggestive of that which would be moistened by the urine and feces in the diaper. A reference to Figure 3 will readily show how such an impression would arise. At the flexures of the knee-joints the condition is not so well marked, especially on the right side. The heels are free, as are the palms and soles. It is hardly necessary to enter into any further details in regard to the appearance presented, as the figures given are sufficiently demonstrative of these points.

As has already been stated, this variety of ichthyosis is far from common; so much so that many authors on skin diseases do not even make mention of it in their writings; some, however, give illustrations of cases, and do not allude to them in their text.

This is certainly not due to the circumstance that it is of common occurrence, as it would then receive as extended notice as the other forms of ichthyosis. A cursory review of works on dermatology yields but very unsatisfactory results. Thus, Rayer¹ gives a picture of "brown" ichthyosis (Plate xxxix, Fig. 6), but adds no description. Simon says:² "These (scales) have a gray, dirty-yellow, brown or black color, and are harder and thicker than the normal epidermis." E. Lesser states³ that as extreme pigmentation of the skin occurs in severe cases, the scales present a dark-green to almost black color. Fox says⁴ that "in cases of unusual severity, one or more patches of the skin may become covered with black papillary projections, presenting an appearance which is suggestive of the bark of a tree." Hyde⁵ makes a general statement that "the terms ichthyosis serpentina, naerea, nigricans, are employed to designate those conditions respectively in which is recognized a snake-like appearance of the skin, silvery whiteness of the scales, or a dark pigmentation." In Kopp's atlas⁶ there is given a plate (49) of a female affected with ichthyosis hystrix, the color of the condition being greenish-black. The mammæ are free and normal in color. Chatelain⁷ merely mentions ichthyosis nigricans. Cantrell and Stout⁸ say that the "color of the scales depends on the quality and duration of the disease, and in mild forms is generally light and pearly; in other instances, green, brown, and black." Hyde⁹ makes the statement that "ichthyosis nigricans points to a condition, not rarely encountered, where the plates covering the derma assume a dark yellowish-green or even blackish hue." Unna¹⁰ goes on to say, in his description of ichthyosis, that the horny masses (contrary to what is found in pityriasis rubra pilaris) have a tendency to the formation of a horn-color (Hornfarbe), and are colored chiefly grayish-brown, greenish, or blackish.

From what has been given above it is plain that the literature on the subject is rather meager, and it is still more so in regard to the cause of the color, as is shown in the following extracts from those authors who mention the possible origin of the coloration:

Among the earlier writers on the cause of the color in ichthyosis nigricans is Fuchs,¹¹ who says that frequently the scales are thicker, stronger, and then exhibit, through pathologic *pigment formation*, a color at one time gray, at another brown, and at another dark gray (black?). In Nayler¹² we find the following:

"They (the scales) are very thick, generally of a muddy or greenish, or sometimes of an almost black color from exposure." On the next page he quotes an analysis of the scales of ichthyosis made by Dr. Marut which showed that the ash derived from them contained insoluble matter which evolved carbonic acid with hydrochloric acid. He also found some iron in addition to lime and magnesia. McCall Anderson says¹³ that if soap and water is not freely used the scales may become even olive-green or black (ichthyosis nigricans), especially when masses of epidermis have accumulated. Piffard makes the following statement:¹⁴ "When (the scales are) more developed and thickened, the color (pearly) is deepened, shading from yellowish to darkish green or even brown or blackish. This is due partly to pigmentary deposits in the plates, but mainly to accumulations and incorporations of extraneous matter not removable by washing." Lesser is more positive in his later statement.¹⁵ He says that the color of the scales is either shining white or, as it occurs in more marked cases, darker, peculiarly grey-green, which color is not due to external uncleanness but to numerous pigment particles in the scales.

As may be seen from these few quotations, opinions are somewhat diverse as to the cause of the color of ichthyosis nigricans; and it is an interesting question well worthy of being thoroughly investigated, both chemically and microscopically. That it is due to the migration of the skin pigment is not tenable; and that it is a consequence of uncleanness is equally untenable. What would seem more probable is that there exists certain inorganic salts in the epithelial cells which are turned black by direct exposure to the air. What makes this appear probable is the fact that when the plates are removed from the skin it takes some considerable time for the new accumulation to become black. And despite the fact that the subject is bathed and clothing is frequently changed, the color will manifest itself.

It might be supposed that an inquiry into the cause of ichthyosis might shed light on the matter, but all the theories advanced for this do not add any information. Charcot and other distinguished neurologists have endeavored to find a neurotic base for the trouble, but, even granting this, it does not explain why some cases are white and others brown or black.

In studying the human epitrichium, I endeavored to show¹⁶ the probable origin of ichthyosis to be dependent upon a persistence

of the epitrichium. But even this would not account for the peculiar colors of the scales in some individuals or of certain areas in any one.

The whole question is one possessing more than ordinary interest. It presents certain problems in antenatal pathology whose solution would no doubt be fraught with important results. It is unnecessary to say anything concerning the treatment of ichthyosis nigricans, as it is practically the same as that employed in the other forms. A cure is yet to be found, the mitigation of the condition being the best that has been offered up to the present.

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UNIVERSITIES.—SOME IDEAS ABOUT THEIR ORGANIZATION AND DEVELOPMENT.

BY DR. A. C. BERNAYS, ST. LOUIS.

Universities differ from other educational institutions in the strictly scientific management of the teaching. The students are men, and, as a rule, have passed through an academic course in arts. The qualifications of matriculation at universities differ in different countries. It is well-known, however, that the highest results are achieved where the entrance to the university course is dependent upon the previous absolution of a course in arts, such as is given in many of our colleges, or such a course of study as is given in the gymnasium of Germany. After a preparatory course of study of this kind the scholar is supposed to be ripe for the university, and, after immatriculation, becomes a student, a citizen of the university.

It is a very difficult thing to define what I will call "the university feeling." I am afraid that the peculiar ennobling, elevating and "enthusing" sensations which are felt by the well-bred student at a university are not capable of being described in cold print. I know, however, that no one who has once breathed the atmosphere of a real university as a student or as a teacher will ever forget the "feeling," and no matter how far away his life work may take him, will always have a fond longing for the university and its enlightening associations. In this article, when speaking of universities, only Harvard, Yale, the German Universities, Oxford, Cambridge, and similar institutions are in contemplation.

There are two factors which are concerned in producing what I call the "university feeling," which I may mention here. While at the university one has the consciousness of being the associate of the best-bred young men of the times; one feels that the highest culture attainable is constantly around and about one. The tutors and professors are the products of university training, and in their departments are unsurpassed, or at least in the first rank, and capable by continued labors of becoming stars of the first magnitude in the field of science.

The second factor which helps to bring on the university feeling is what is known as the scientific atmosphere that pervades universities. It was the absence of this latter element in the medical department which was noticed and deplored by the

Chancellor of Washington University soon after his arrival here. One of the objects of this article is to aid the chancellor and the others who are now so earnestly engaged in promoting and developing Washington University into a real university. My most ardent wish is to see St. Louis the seat of an institution where we can, if inclined to do so, enjoy the associations which are always clustered around a group of men, students and professors, who form the essential parts of a university. Universities are ranked solely by the reputation and achievements of their professors and teachers.

Nothing will or can do more for St. Louis in its aspirations to become a world metropolis than the possession of a well-endowed university.

Beyond the statement that large sums of money are needed, and that I believe they will be forthcoming if only the true idea of a university can be properly placed before our rich merchants and manufacturers, I will say nothing more of financial subjects.

The standing or rank of a university depends upon the faculty it has. Those universities which have the best and most complete laboratories, museums and libraries, and which can pay the largest salaries, will be able to secure the best men to fill the chairs. Vacancies in chairs at universities are filled by the method of calling desirable men. To receive a call to fill a professorship at one of the universities above named is the height of ambition of university men. When a great man is called the call is issued by the proper authority of the university, and if the man who is called is willing to leave his previous position and take the new one, negotiations about the amount of salary, etc., are begun, and if everything is agreeable he accepts and moves into his new quarters. By far the majority of important vacancies in first-class universities are filled by men who are called from distant cities or foreign countries.

The very nature of a university makes it appear good policy to bring in new blood and new ideas from distant seats of learning. In the selection of a faculty or in the organization of a new department in a university, the greatest care must be exercised by the appointing power. The first and only qualification must be ability to exercise and to teach the art and the science of the branch to be represented. The ablest man must be chosen first; if he can not be secured, a lesser light will be taken. The call-

ing committee must be impartial and unprejudiced. They will not look to the religion or the nationality, or pay much attention to the personality of the man; but they will look to what he can do, and to what he knows, and they will examine into his ability and willingness to work. His age and his health will perhaps be taken into account. The very old men, or men whose usefulness has been impaired by ill-health, will not, as a rule, be chosen. Men of very great scientific achievements, authors of epoch-making works, brilliant operating surgeons, chemists who have made discoveries, or discoverers in pathology, will, however, be called, if there is a chance to get them, no matter what failings and eccentricities they may have. The power of drawing students will also be considered to some degree in making a selection of a man to be called. The drawing power will depend largely on the more or less wide-spread reputation of the man.

From the above statements it is clear that the value of universities as teaching bodies in the different departments is subject to frequent changes. For instance, at the present time Chicago University has the best surgical clinic in the world. This fact rests upon its having Nicholas Senn for the chair of surgery. Prof. Senn is the author of one of the best books ever produced by an American surgeon; he has given us a number of valuable contributions containing much original research, and is the most painstaking and effective clinical teacher of surgery now living. For the study of chemistry, Berlin has the best laboratory facilities and the greatest teachers. The demand for places in the chemical laboratories of the University of Berlin is so great that the places are engaged for nearly two years ahead of the present time. The death of two or three men, or the coming up of some new scientific man with original research and epoch-making discoveries, might at once shift the center of attraction in chemistry to some other university.

It is thus seen that universities, like all other social institutions, are in a constant and everlasting process of evolution, and that the organization and development of every department of a university requires the greatest circumspection, and should be in the hands of men who are as free from personal prejudices as possible, and who are men of broad views. It seems to me, above all other things, that the men who are intrusted with this great work must be such men as have the university feeling well de-

veloped, and who can breathe with comfort in a scientific atmosphere. If nepotism, jealousy and prejudices, the result of deep-seated, well-cherished and long-continued mutual admiration of a clique, once fasten upon a department of a university their clutches, it will take many years and many deaths to free the institution of the dwarfing influences of selfish and narrow professors.

In conclusion, I may add that for the city of St. Louis, nothing, not even the World's Fair of 1903, is more important than the establishment of Washington University on a broad basis, with an endowment of several millions. The influence of a university in the salvation of the human race is greater than that of any other factor.

I believe that in fifty years students will flock to our universities as we now crowd the German universities, and I hope to see St. Louis have a university which will attract 5,000 students by the excellence of its faculties.

Post-Graduate School of Surgery.—Prof. A. C. Bernays, of St. Louis, Mo., has resigned his chair in the Marion-Sims College of Medicine, and will devote three and one-half hours each day in the future towards teaching practical surgery to private classes of graduates in medicine. Details and prospectus can be had by addressing his manager, Dr. Frank M. Floyd, 612 Union Trust Building, St. Louis, Mo.

The American Electro-Therapeutic Association.—With the near approach of the annual meeting of the American Electro-Therapeutic Association, to be held on September 19, 20, and 21, in the city of Washington, under the presidency of Dr. F. B. Bishop, the local committee of arrangements is redoubling its efforts to make it a success. Many electrical manufacturers will be represented in the exhibit hall, and information will be freely given. Papers have thus far been promised from Drs. R. G. Nunn, A. D. Rockwell, Margaret A. Cleaves, F. J. Levisieur, Walter White, Robert Reyburn, G. A. Corson, C. O. Files, J. H. Kellogg, John A. Licthy, W. W. Scheppepegrell, L. Howe, E. Wende, F. B. Bishop, Robert Newman, W. J. Herdman, G. B. Massey, and Profs. Bergonie, of Bordeaux, Apostoli and Dolbear, of Paris. With such authors a successful meeting must result.

GENITO-URINARY DISTURBANCES.

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

There is perhaps no class of diseases which has a more depressing effect upon the general *morale* of men than genito-urinary troubles. It is for this reason that so much attention has been paid to this particular branch by genito-urinary surgeons, and that investigations are continually being pursued to discover remedies whose effects will not only be temporarily good, but permanently so as well. Not long since my attention was called to a remedy whose chief component parts seemed to justify its employment in a certain class of cases. Upon inquiry I learned that it was essentially composed of saw palmetto, false bitter-sweet, couch grass, moyra puama, phosphorus, together with syrup and aromatics. Acting upon this information I resolved to use it in various cases as they came before me, and the results so far obtained are very encouraging. The remedy is one which is very pleasant to take, and, I may state *en passant*, that it is not only a genito-urinary tonic, but acts favorably on the nervous system as well. Satyria, as it is called by its manufacturers, is certainly destined to fill a place in therapeutics which has not been held by any other similar remedy so far. In order that a better idea of its action may be formed, a few cases are herewith given:

CASE 1.—W. Q., an elderly man of 63, who has been guilty of excesses in venere, complains that he does not have erections as he formerly did. He was ordered satyria, to be taken regularly, and he stated that on the third day after beginning the remedy, he already felt its effects. He was strictly enjoined to be continent, which he now finds a difficult matter. Some slight prostatic heaviness has disappeared, and he looks upon himself as a young man, although he is far from being restored to anything approaching youth. He feels so well that he insists on keeping up the medicine, as his experience has exceeded all expectations.

CASE 2.—E. W., a young man of 20, whom I was treating for acne, complained of seminal emissions. He denies masturbation since he was 16 years of age. The emissions have been going on for four months, and he is reducing in flesh as a result of the drain, which occurs nightly. He was accordingly placed on satyria, and ordered to report in a week. When questioned, he

stated that he had but one emission, and states that erections continue, but unaccompanied by any loss of semen. It is now a month since treatment began, and he already looks much better and more cheerful. His acne has disappeared, and it is most probable that a two weeks' course of the remedy will once more re-establish him in a healthy condition so far as his genito-urinary apparatus is concerned.

CASE 3.—An elderly gentleman of 60 complained that his mind was troubled, because he was becoming impotent. He is also very much debilitated by the wear and tear on his nervous system, having to be up day and night, and in consequence losing all his sleep. Deeming this a good test case for satyria, he was ordered the preparation, and he experienced quite a change. In a week he began to have erections, and he does not give as strong evidence of the debilitating effects of his enforced insomnia. In fact, he states that the remedy acts as a tonic to his whole system; but more especially to his nerves. The psychic effect is well marked, and he expects very soon to feel ten years younger, to use his own words.

CASE 4.—C. K., aged 27, single; has been troubled by a retention of urine, which is exceedingly painful. Whenever he goes to urinate, and the desire is constant, he can only void a few drops, after a great deal of straining. He has been given diuretics, but they only seem to give him pain, without producing the desired effect. Satyria was given to him, and after the first week he could void his urine fairly well. In another week urination became comfortable; he is continuing the remedy, and before long he will once more have a bladder which acts in a normal manner.

CASE 5.—H. S., aged 20, single; has an inability to retain his urine. This incontinence dates from an attack of gonorrhea, which spread to the deep urethra. His life is made a burden by the continual dribbling which affects him. He is depressed in spirits, to a degree which almost amounts to melancholia. He cannot go in company, nor even attend to his duties as a clerk in a satisfactory manner. Under these circumstances, I determined to try satyria in his case and did so with the happiest results. He very soon began to notice a change for the better, and can now comfortably hold five ounces of urine in his bladder. He has spoken of discontinuing the medicine, but I have

impressed upon him the necessity of continuing it for quite some time.

Other cases could be cited, but these are sufficient to give a general idea of the action of this remedy in genito-urinary troubles, which are often of a very stubborn nature. I have not had an opportunity of employing it on female patients, but it doubtless acts in their cases in an analogous manner. That many conditions which are misunderstood are due to genito-urinary disturbances goes without saying. It is for this reason that a thorough examination should be made and the case understood. It is also for this reason that the mistake is to be avoided of supposing that the remedy is to be employed for a certain class of cases, because one is supposed to be of such a nature instead of being a symptom of a genito-urinary disturbance. With a proper understanding of these points satyria will be found a satisfactory and efficient remedy, if I may be permitted to draw a conclusion from its use in a certain limited number of cases.

Lectures on Public and School Hygiene.—At the last meeting of the Missouri State Medical Association, held at Sedalia, the following resolutions were introduced by Dr. J. M. Allen, of Liberty, and adopted by the Association:

Resolved, 1st. That the officers of this Association are requested to have lectures on public and school hygiene delivered before the State and County Institutes of the State.

2nd. That the officers of the County and District Medical Societies be requested to hold at least one public meeting at night for the discussion of public and school hygiene.

This is certainly a most excellent idea, and when carried out cannot fail of being productive of much good. The officers of the association, however, should exercise the greatest care possible to have competent men to deliver these lectures. It would not be a bad idea to extend the scope of these lectures, in so far as public hygiene is concerned, to cities in which hygienic conditions are in a most deplorable condition, more especially among the poor.

THE DOLOMOL COMPOUNDS IN SKIN DISEASES.

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

The following record of a few clinical cases in which different dolomol compounds were employed, may be of interest, from the fact the powders have not yet acquired that popularity in the treatment of skin diseases which they certainly fully deserve. It may not be superfluous to state that the base of all of these powders is a stearo-palmitate of calcium and magnesium, a most bland, neutral, and absolutely impalpable powder, which is perfectly insoluble in water. This powder is medicated to a definite and stated percentage, thus affording a perfect basis upon which to act. The following are a few cases in which I have had occasion to use these preparations:

CASE 1.—Miss D., aged 22, had been suffering from acne for quite a length of time. Her face was literally covered with a marked eruption of the papulo-pustular type. She was treated at first with a mercury—oleate sulphur ointment, and internal measures, *ad hoc*. Improvement was pretty steady until nothing but small papules remained, which kept on recurring, and were stubborn as well as refractory to treatment. Various standard preparations were employed, but with very slow progress, so far as the disappearance of the eruption was concerned. It was about this time that the dolomol compounds made their appearance. I ordered dolomol-sulphur, 25 per cent., to be applied by gently rubbing it on the skin, and had the satisfaction of seeing the case cured in about three weeks.

CASE 2.—Mrs. E., a married woman, 38 years of age, complained of a marked erythema intertrigo of the thighs and pudenda. She is inclined to be stout, and the intertrigo was beginning to become inflammatory in character and threatening to become eczematous. The mucosa of the vagina was beginning to look angry, and was painful as well as the integument that was affected. A glairy exudate manifested itself, and on the whole the case was a severe one. It was impossible to secure absolute rest, and the problem resolved itself into a simple question of applying a soothing, efficient remedy that could not possibly irritate under any circumstances. For this purpose pulvola, the base of the dolomol compounds, was ordered. It is not medicated, and it did most excellent service. In three

days the intertrigo was well, and upon the slightest indication of a return my patient goes to her can of pulvola. I have had occasion to employ dolomol-acid boric, 20 per cent., in more severe cases of intertrigo in fat men and infants, and obtained the same good results.

CASE 3.—This case is one which, as a test of these remedies, I consider a crucial one. The patient was an elderly woman of 65, married, and active in all her habits. She has always been free from skin diseases; is inclined to be very stout, but is not nervous in disposition, although excitable. She suddenly developed a marked case of herpes zoster of the right side of the face, neck and scalp. The neuralgic pains were intense, and the vesicles were fully developed. The Asiatic pill was directly ordered to be taken thrice daily, and for a local application dolomol-acetanilid, 25 per cent., was continuously applied. The case progressed to a favorable termination very rapidly. In two weeks complete recovery had taken place. There was progressive amelioration of the neuralgic symptoms. Not one vesicle burst, so that the further pain occasioned by small ulcers was entirely averted. Fortunately, zoster ophthalmicus did not develop, no doubt because the treatment was begun at so early a date.

CASE 4.—L. F., a young man of 30, contracted a typical chancre. It had not been meddled with beyond being kept clean. The inguinal glands were already markedly indurated, as was the initial lesion. The patient had been advised to "burn" it, but concluded to trust himself to a physician rather than to kind but ignorant friends. No secondary eruption had, as yet, shown itself. An iron-and-bitter tonic was ordered internally, and locally dolomol-calomel, 25 per cent., to be applied twice daily. The chancre rapidly healed, and no more trouble was experienced on this side. The disease was treated constitutionally, as it is now, in the manner adapted to such cases. This is but a type of a number of such cases I have had occasion to treat. In some, in which suppuration has declared itself, I destroy pus by means of peroxide of hydrogen (Marchand's), and then have the dolomol-calomel applied. It is a cleanly treatment, easily carried out and rapidly successful, in my experience.

CASE 5.—L. S., aged 26, married, has been subject for many years to herpes genitalis. This eruption has rendered his life

miserable. Living in a small country town and always imagining his trouble to be venereal, he has passed the gamut of ignorant and unscrupulous physicians, who treated him for all sorts of venereal troubles he never had. When he first presented himself to me he was undergoing a very imperfect treatment for a syphilis which did not exist. Recognizing his trouble, I first relieved his mind and then ordered detergent measures, to be employed twice daily, and after each the application of dolomol-resorcin, 10 per cent., to the affected surface as well as to the neighborhood. Whilst the result was excellent it was not sufficient in my opinion. He was ordered to follow this by regular applications of dolomol-europhen, 10 per cent., in order to prevent relapses. So far the treatment has been completely successful. Where he formerly had the vesicles recur every week or oftener, he has had no recurrence for several months. In other cases of the same trouble good results have been obtained; but the time which has elapsed since the disappearance of the lesions is so short that a positive statement would hardly be justifiable at this day.

I could detail other cases, but those which have been given above are sufficient to establish the value of this class of remedial agents. Of course, some judgment must be exercised in the choice of the preparation which is employed. The action of the particular medicament should be known, as the dolomol, merely acts as a carrier and as one which is pleasant, and, unlike other powders, does not easily come off the skin. It is practically water-proof and yet permits perspiration to make its way to the surface, an advantage not possessed by other water-proof skin remedies, which soften the skin to a degree and are apt to create an artificial dermatitis. Patients are very favorably impressed by these powders on account of the ease of their application and their cleanliness. Taken altogether, they are certainly a superior product and promise to supplant ointments to a great extent in the treatment of many dermatoses.

CORRESPONDENCE.

THE DISEASE OF BERI BERI—OBSERVATIONS OF A PHYSICIAN FAMILIAR WITH THE ASIATIC MALADY.

To the Editor of the *Sun*:

Sir—I read in the *Sun* to-day that beri beri, a disease of the wet season of East India, has broken out among the Fillipinos of Cavite, and that there are two deaths a day there from it.

As a physician who has treated thousands of cases of this disease during a sojourn in Japan, will you permit me to call attention to the following suggestion, which I published in the University of Pennsylvania *Medical Magazine*, May, 1896:

A POSSIBLE SPECIFIC FOR BERI BERI.

“Dr. Carreau of Guadeloupe (in a contribution au traitement de la lepre, Pointe-a-Pitre Guadeloupe, 1892) mentions the case of a Brazilian leper, bitten by a rattlesnake. The man succumbed after twenty-four hours. It was observed when he was dead that all his lepromas were enfeebled. Dr. Carreau, attributing this effect to the methemoglobinemia produced by the venom, tried to imitate the intoxication in the case of a very sick leper. He gave him enormous doses of chlorate of potassium, a salt which increases rapidly the quantity of hemoglobin of the blood, and may cause death by this same action. The patient swallowed forty-five grammes of this remedy in three doses, the highest being twenty grammes, in sixty hours. He presented the most pronounced symptoms of intoxication; his blood showed the spectroscopic bands of hemoglobin and methemoglobin. During some days he hovered between life and death. He recovered, however, from the shock, and felt very distinct improvement in all the cutaneous surface attacked; the leonine face smoothed down, the skin which had lost all elasticity could again form folds. The treatment continued eight days.

“I suggest that a remedy which has such an effect—that is, to increase rapidly the hemoglobin of the blood—may also be applied to the treatment of beri beri, a disease whose principal characteristic is the diminution of the hemoglobin.

“ALBERT S. ASHMEAD, M.D.”

Perhaps, too, a few words generally about this etiologically mysterious disease may not be amiss here. "Beri beri" means "goat's gait," or "sheep's run," and has reference to the dropping of the toes, or *pes equinus*, and the labored lifting of the leg and thrusting it forward. These symptoms are due to the hemoglobinemic paralysis of the peripheric nerves, in my opinion, from carbonic poisoning.

In Japan, and the Far East generally, beri beri is caused by the fumes of charcoal, the fuel of the stoves. In the wet season these fumes are held down by the moisture of the air. In the dry season there is no beri beri at all, the dry northwest winds dissipating the gases.

I have examined a number of beri beri ships in the harbor of New York, mostly from Dutch India and the Philippines, and in every instance the cargo was such as would produce an emanation of carbonic gases—graphite, pure carbon, from Colombo, Ceylon; burned coffee, from Java; fermenting third-grade sugar and crude sugar without fermentation, that is, undetected fermentation, from Iloilo, and wet grain and hemp cargoes. I have never seen or heard of such an afflicted ship that was not carrying a carbon-producing cargo.

As to the theory propounded by the Dutch East Indian doctors, that white rice (so largely eaten by all East Asiatics), being infected with a micro-organism of beri beri, is the means of propagation of the disease, I will simply say that rice is always eaten well cooked (as the bread of the East), and that therefore a micro-organism, if it existed in white rice, would be destroyed, and consequently could not have anything to do with beri beri. I add that for many years Japanese rice has been sold in all our American department stores, and, I hardly need say, is imported uncooked. If it contained the "microbe of beri beri," that microbe would have been rampant among us for many years. We have never had beri beri in New York except on ships which had contracted the disease during their voyage.

ALBERT S. ASHMEAD, M.D.,

Late Foreign Medical Director Tokio Hospital, Japan.
New York, July 24.

HOCH DER KAISER!

Query! If antitoxic serum of tetanus bacillus in the treatment of lockjaw is a flat failure, as our recent Fourth of July experience with it proves, how can any other antitoxine be a cure for disease? Let vaunted medical science of Berlin (Heaven save us!) answer.

ALBERT S. ASHMEAD, M.D.

New York.

International Conference for Prophylaxis of Syphilis and Venereal Diseases.—We have received the following communication, which we gladly accord space:

NEW ORLEANS, LA., August 3, 1899.

It is the wish of Dr. Dubois-Havenith, Secretary-General of the International Conference for the Prophylaxis of Syphilis and Venereal Diseases, and also for the Study of Methods for the Control of Prostitution, I would ask that you give some notice to this important meeting, to be held in Brussels, September 4, and following days. Papers are to be read by Drs. Fournier, of Paris; Neisser, of Breslau; Lassar, of Berlin; Finger, of Vienna; and by a number of others prominent as students of these questions. The committee have indicated the following as delegated to investigate conditions of prostitution in their respective countries:

Argentine Republic, Dr. Baldomero-Sommer, of Buenos Ayres; Austria, Dr. Finger, Vienna; Belgium, Drs. Bayet and J. Verhoogen, Brussels; Bosnia, Dr. Gluck, Savajeyo; Chili, Dr. Valdes-Morel, Santiago; Denmark, Dr. Ehlers, Copenhagen; England, Dr. Geo. Ogilvie and Dr. Drysdale, London; France, Dr. Ozenne and Dr. Jullien, Paris; Germany, Dr. Blaschko, Berlin, and Dr. Neisser, Breslau; Hungary, Dr. Rona, Budapest; Holland, Dr. Selhorst, The Hague; Italy, Dr. Tommasoli, Palermo, and Dr. Bertarelli, Milan; Norway, Dr. Axel-Holst, Christiania; Roumania, Dr. Petrini de Galatz, Bucharest; Russia, Dr. Peterson, St. Petersburg; Sweden, Dr. Welander, Stockholm; Switzerland, Dr. Jodasohn and Dr. Schmid, Berne; Turkey, Dr. Von Duhring and Dr. Zotos, Constantinople; United States, Dr. Isadore Dyer, New Orleans.

If you have any data of any kind bearing on any of the above subjects you may send them either to Dr. Havenith (15 Rue du Gouvernement Provisoire, Brussels), or to me.

Very respectfully,

ISADORE DYER, M.D.,

124 Baronne St.

ST. LOUIS

Medical and Surgical Journal.

A. H. OHMANN-DUMESNIL, A.M., M.D.,
Editor and Proprietor.
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EDITORIAL.

A SECRETARY OF HEALTH.

One of the necessities of an enlightened and progressive nation, as ours claims to be, is a proper governmental recognition of the necessities of the nation in the way of safe-guarding the public health. Now that expansion has become the policy of the administration, and it has been proposed to add a Colonial Secretary to the cabinet, the propitious moment offers itself to the medical profession to obtain that recognition which it deserves at the hands of Congress and of the administration. It matters but little what the title such an officer bears might be. Whether it be Surgeon-General, or Secretary of Health, or any other distinctive title, would matter little, provided the office existed and a bureau were established. The duties of such an officer have been clearly and tersely set forth in an editorial, which appeared in the *Gynecological and Obstetrical Journal* quite some time since. It is as follows: "In time of war, the Surgeon-General must have absolute authority not only over the medical department, but in all matters affecting directly the health and

well-being of the army, subject only to the orders of the commander-in-chief, the President. In time of peace, with a large and efficient department under him, he should be empowered by Congress to safe-guard the public health. He and his assistants should constitute a National Board of Health, with which all State boards should affiliate while preserving their independence of action within their own territory. Yet, in all cases of general menace, where two or more States are involved or the safety of the country at large is threatened, the Surgeon-General should have the right to enforce efficiency and uniformity of action by the State boards."

The question which naturally arises is, how is this beautiful dream to be converted into a reality? How can such a much-desired consummation be attained? Theoretically the answer is obvious. The medical profession need only to unite and work to attain the desired end and it will easily become an accomplished fact. There will exist no clash between different schools, as there can exist no differences on hygiene or the organization of a military or naval department. Practically, it requires work and not shirking. The medical press has already done much in trying to awaken an interest in the matter in the medical profession, whilst the latter lies back supinely and its hardest work consists in criticising and grumbling. Each one expects the other to do the work, and yet how comparatively easy it would be for local, county, district, state, and national associations to agitate the subject and adopt such resolutions as could not possibly be ignored. The medical profession must awaken from its lethargy. It has slumbered long enough, and the time has come when it must show its vigor and strength.

The Toothache of Hunger.—*Practical Medicine* for June, quoting the *Maryland Medical Journal*, says that in some persons hunger will excite markedly disagreeable sensations in the teeth. A case is published of a gentleman who, while convalescing from typhoid fever, was seriously annoyed by painful sensations in two of his molars whenever he became hungry. The pain was sufficient to rouse him from sleep, and could not be allayed except by the introduction of food into the stomach, when instant relief followed.

MEDICAL PROGRESS.

MEDICINE.

Acute Dysentery.—In an editorial article on dysentery, Dr. St. J. V. Graham (*Georgia Journal of Medicine and Surgery*, July, 1899) states that the drug treatment of this disease resolves itself into five or six drugs—calomel, opium, ipecac, tannopine, salines and quinine. If the case is seen early, when diarrhea is present, with a lead-colored or brown tongue, much benefit may be derived from giving calomel, $\frac{1}{4}$ -gr. every fifteen minutes, until six, eight or ten doses are taken. An acid saline is then administered, after which bile usually begins to flow. This is nature's antiseptic, and no chemical compound or so-called intestinal antiseptic can be compared to it. After this has been kept up for a sufficient time for the exigencies of the case, tannopine should be administered, combined with ipecac and opium, in the form of Dover's powder, or of each drug in simple powder combination. Tannopine should be given in ten or fifteen-grain doses, every two and one-half or three hours. An ice-bag over the belly is preferred by the writer to any form of poultice. If necessary, the bowels are irrigated with a bisulphate of quinine solution—one teaspoonful to a quart of cold water. Very little quinine will be absorbed, for it will not stay in long enough. The diet should be carefully adjusted to suit individual peculiarities and the stomach digestion. Stimulants should be used as indicated. The above treatment, which is indicated in acute cases, has proved very successful. In chronic cases, however, an essentially different drug treatment should be resorted to.

Brief Indications for the Use of Different Climates in Different Cases of Tuberculosis.—Sir Herman Weber, M.D., F.R.C.P., read a paper before the International Tuberculosis Congress, in Berlin, May, 1899, and he concludes as follows:

1. In cases with limited disease at one or both apices, without or with an only slight amount of fever, nearly all climates can be made use of, but especially high altitudes, and sea voyages, if the constitution is a strong one.
2. Cases with limited local disease and high fever must be at

first treated in their houses or in the neighborhood of their homes.

3. Cases with extensive disease of one lung, or of both lungs, without fever or with only slight fever, are more difficult to advise. In the majority of these cases treatment at an only moderate elevation, or at warm seaside localities, deserves the preference.

4. In advanced disease with fever, long journeys should be avoided, and, if possible, neighboring sheltered health resorts, together with careful supervision, should be recommended.

5. In progressive tuberculosis, with scattered foci in both lungs and much fever, sheltered localities near the patient's home, or the home itself, are probably the best places.

6. In cases of chronic, slowly-progressive phthisis I have seen, on the whole, better results from warm winter resorts, and sometimes from sea voyages.

7. Quiescent cases with extensive damage or cicatrization, are generally better off at an only slight elevation, such as Meran, or Arco, or Montreux, or Badenweiler, or on the Riviera, or in Egypt.

8. Cases with albuminuria, without fever, should avoid high altitudes, and select dry places like Egypt or the Riviera.

9. The complication of moderate diabetes does not exclude the use of high altitudes, but the latter are injurious in cases with advanced diabetes and emaciation. Similarly, high altitudes should be avoided in cases where the tuberculosis is secondary and the diabetes the primary affection.

10. Chronic cases with much catarrh require places with as little wind as possible, such as Pau and Arcachon, and, in England, Bournemouth; but in the case of young persons places of high elevation, with little wind, need not be excluded, and are often even to be preferred.

11. High altitudes are contraindicated in chronic cases with extensive emphysema; these cases require warm winter resorts, such as Madeira, the Canary Islands, Pau, or places with pine woods, like Arcachon and Bournemouth.

12. When asthma is a complication, in persons whose idiosyncracies in regard to localities are unknown, no certainty in the choice of climates is possible; but in the majority of relatively young persons high elevations should be preferred, whilst in

older persons moderately warm localities at only slight elevations should be selected, such as Grasse (near Cannes), or Montreux, or Locarno, or Meran, or places amidst pine woods (like Arcachon and Bournemouth.)

13. In all climates for the treatment selection of the dwelling house is of great importance; it should get much sun, should be sheltered from winds, and free from dust, and should be built on dry ground; it should be removed from stagnant water and swamps, and from the impure air of factories, and similar drawbacks.

14. For the prevention of scrofula and tuberculosis all healthy climates can be used, as long as a good diet and plenty of time in the open air can be obtained; but high altitudes and marine climates have advantages—the former rather against pulmonary tuberculosis, the latter (including sea voyages) more against scrofula.

15. The cure of tuberculosis during the early stages is possible in all healthy climates; some climates, however, have advantages for various cases over the other climates; for instance, notably those of high altitude. But climate by itself, without careful medical supervision, is generally insufficient. The patient's blind reliance on the climate often leads to errors, to aggravation of the disease, and to death. For the majority of patients, therefore, treatment in sanatoria should be preferred, but for the treatment of the poor it is a necessity. The erection of numerous sanatoria for the people is, therefore, a national requirement for the cure, the prevention and extermination of tuberculosis.

Etiology of Albuminuria. — Frederick Taylor, M.D., F.R.C.P. (*Practice of Medicine*, fifth edition), enumerates the different conditions under which albuminuria has been observed, as follows:

I. Arising in the kidney: (1) acute and chronic nephritis and contracted kidney, forming Bright's disease; consecutive nephritis and cystic kidney. (2) Suppurative nephritis. (3) Degenerative changes, such as lardaceous disease and tuberculous kidney. (4) Acute febrile processes, probably causing temporary degeneration of the renal cells. (5) Venous obstruction in diseases of the heart and lungs, and local disturbances of the

circulation. (6) Malignant endocarditis and embolism of renal arteries. (7) New growths and parasites. (8) Temporary obstruction of the ureters. (9) Nervous disorders, such as apoplexy, convulsions and concussion. (10) Chronic general disorders, like leukemia, diabetes and anemia. (11) Disturbances of digestion, and disorders of a temporary nature, including so-called cyclic and physiological albuminuria. (12) The influence of certain poisons, and the presence in the blood of forms of albumin other than serum albumin

II. Arising in the urinary passages below the kidney: (1) Disease of the pelvis of the kidney, calculous pyelitis, and tuberculous disease. (2) Tuberculous disease of the ureter. (3) Cystitis and tubercular disease of the bladder.

THERAPEUTICS.

Nirvanin, a New Local Anesthetic.—Luxenberger (*München. Med. Woch.*) has tested a newly discovered local anesthetic, which is chemically related to orthoform and which bears the name, diethylglycocolamidooxybenzoesauremethylester, but which he calls nirvanin for short. He has found a two per cent. solution to work best in practice. It produces in five to ten minutes an anesthesia which lasts for twenty minutes, and which is sometimes followed by an unpleasant burning and pricking, although the drug has no disturbing effect on the healing of the wound. It has the advantage over cocain of being slightly antiseptic, so that solutions even of the strength of one-half per cent. will keep sterile. If one prefers to sterilize it the solutions may be boiled without injury.—*Med. News.*

Treatment of Acute Rheumatism.—Dr. Henry E. Fahill, in the *Journal of the American Medical Association*, May 13th, writes as follows:

I venture to outline a routine which I would apply to a typical case:

1. Empty the bowels thoroughly, preferably with a sharp mercurial.

2. Administer salicylate of soda to its full and analgesic effect; if it is not well borne by the stomach, its equivalent, the oil of wintergreen. If it is contra-indicated by cerebral conditions, use antipyrin, or the coal tar preparations best adapted.

If these are contra-indicated by conditions of the heart or nervous system, use opium. At all events, control the pain.

3. As the pain is controlled by such means, aided by local measures, principally heat and immobilization, gradually draw away the salicylic element and saturate the system with alkalies, continued until the active process seems controlled.

4. Finally, while giving alkalies or after it, administer iron, provided the condition of the bowels and liver permit.

5. At all times, and incessantly, strive to promote intestinal hygiene by mercurials, chologogue or saline cathartics.

Hydrotherapy of the *Ulcus Ventriculi Rotundum*.—

W. Winternitz (*Wiener Medicinische Wochenschrift*) says that in treating peptic ulcer ventriculi (a relative) hydrotherapy may exert its influence in three different directions, viz, etiologically, pathologico-anatomically, and symptomatically. The writer frequently quotes M. du Mesnil, who claims that the acidity of the gastric juices may be extensively augmented by the diminution of alkali in the blood, which exists invariably in cases of chlorosis. According to Schulz chloralkali can be dissolved in a watery solution of carbonic acid through the formation of small quantities of hydrochloric acid, and on this account M. du Rochmont's example is to be understood as follows: From the carbonic acid of the blood and from the sodium chloride of the same, small quantities of hydrochloric acid are liberated and immediately thrown off by the glands. Thus may chlorosis also be explained, and this only in antithesis to other anemias, not as in ulcer ventriculi, where, on the one hand, there is diminution of alkali in the blood, through which the walls of the stomach are no longer sufficiently protected by alkaline blood against normal gastric juice, and, upon the other hand, where there is superacidity of the gastric juices. What may be accepted as the actual cause of the gastric ulcer may be described as a lesion of the mucous membrane occasioned by trauma or similar conditions. Other causes are derangement of the circulation, angio-spasms of the gastric walls, etc., etc. The three mentioned phenomena—increase of alkali in the blood, diminution of the acidity of the gastric juices, and increased circulation—may all be allayed by actual water procedures. Strasser directs particular attention to the fact that thermic attacks are followed by

an increase of alkali in the blood. As already shown by Winternitz, chlorosis offers no contraindications against cold-water applications, if they be only of short duration; they cause no actual nor extreme lessening of the temperature, and are followed by prompt and entire reaction.

Cardialgia may be effectively subdued by the following treatment: Cold sitz-bath (10° to 12°), lasting from three to five minutes; stimulating massage of from ten to fifteen minutes, patient lying the while. Very effective also are cold water douches. This therapy must invariably be supported by thorough dieting. Winternitz recommends a strong milk diet.

In the treatment of hematemesis, the writer refers to the uncertainty of styptics and also to the administration of ice pills. The latter, melting very quickly, are ineffective, while a lukewarm water collects in the stomach and may act later as emetic. He says that by lowering the temperature in the rectum extreme diminution of the stomach temperature may be produced, and, of course, *vice versa*, whereby the hematemesis is subdued, and further by external cool applications on the stomach, by introduction into the rectum of small pieces of ice, by which a cooling of the inner stomach and contraction of the gastric vessels are produced.—*Medicine*.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Test for Morphine in Morphine Habitues.—Collect about twenty ounces of urine from the suspected individual. If it has not an acid reaction, acidulate with dilute hydrochloric acid until blue litmus is reddened by it. Concentrate to about three ounces, and let it stand in a cool place for twelve hours, then filter. To the filtrate add sufficient sodium carbonate to render it alkaline; let it stand for twelve hours, filter and collect the precipitate, and wash this with distilled water made slightly alkaline with sodium carbonate, and dry. Digest the dried precipitate with pure alcohol at a gentle heat, and filter; evaporate the filtrate to dryness, dissolve the residue with dilute sulphuric acid, and test for morphine by the iodic-acid test, or other well-known tests. By this method morphine can be obtained, says the author, from persons taking but very minute amounts of the drug.—*Med. and Surg. Bulletin*.

Pathology of Syphilis.—Adami (*Montreal Medical Journal*, June, 1898) discusses the nature of the different stages and forms of syphilis. His conclusions may be summed up as follows: (1) In certain cases there may be an absence of the primary cutaneous or epithelial manifestations of syphilis. (2) Individuals may fail to present either primary or secondary symptoms that are recognizable, and yet eventually develop definite tertiary lesions. (3) When the subject is relatively insusceptible, it is possible that the disease may be limited to the primary cutaneous lesion, not followed by secondary lesions. (4) In syphilis, like tuberculosis, the congenital form of the disease begins at what may be termed the secondary stage of the acquired disease—for instance, the stage of general dissemination of the virus. (5) Syphilis under proper treatment, if not a self-limiting disease, is at least one which can be healed, so that many of the lesions recognized as tertiary are truly the indications of the old healed syphilis and not signs of progressive or latent disease. (6) If the disease has not completely died out and remains latent, the resistance of the tissues of the organ is such that in most cases it does not tend to light up again; there is so considerable a local reaction that the infection, and consequently the spread of the process, tend to remain strictly localized, and the germs do not become disseminated through the blood. Thus neither the blood nor the secretions contain the virus. (7) In a very small number of cases the reaction of the tissues may be so lessened, and the virus retain or gain so high a virulence, that either it causes ulceration, or in other ways becomes disseminated and capable of causing infection even late in the tertiary stage. (8) In the liver of a newborn infant presenting externally evidence of the secondary stage, there may be several varieties of lesions: (a) well-defined gummata; (b) miliary gummata with generalized fibroid changes affecting circumscribed areas; (c) miliary gummata and fibrosis affecting the whole organ, which is thus enlarged; (d) generalized atrophic cirrhosis without much evidence of gummata, but associated with icterus, edema, etc., the liver being granular and contracted. Hence the changes in the liver in congenital syphilis resemble the tertiary rather than the secondary stage of the disease. (9) The liver of acquired syphilis may present two conditions: (a) cicatrices and fibroid changes which are indications of a previous syphilis now healed;

(b) the lighting up again of an obsolescent syphilis from old foci in which the virus has remained latent. (10) Progressive syphilis is characterized by the same succession of pneumonia, whether it be studied a few months or many years after the primary infection. Anatomically and histologically there is no valid distinction to be drawn between secondary and tertiary syphilis. —*Ex.*

The Changes Produced in Epithelium by Moderate Degrees of Heat and Cold.—Fuerst (*Beiträge zur path. Anatomie*) reports the results of his further study of the changes produced in the epidermis by moderate degrees of heat and cold. He experimented chiefly on the ears of guinea-pigs and rabbits, using an ether spray to freeze them slightly, or water at a temperature of about 50° C. to test the effect of heat. —*Am. Jour. Med. Sci.*

He sums up as follows:

1. The effect of slight heat and cold lasting for a short time and frequently repeated is to produce in men and mammals a thickening of the epidermis up to eight times the normal condition, caused chiefly by enormous increase in the size of the separate cells, and secondarily by an increased new formation of them.

2. The corium is for the most part unaffected; the changes in the vessels are limited to hyperemia; exudation is lacking.

3. Many large giant-cells make their appearance in the epithelium of the external skin and of the mucous membrane, and also in the epithelium of the milk and sebaceous glands.

4. The giant-cells arise wholly from single cells through multiple, direct division of the nuclei.

5. The beginnings of giant-cells are evident in four to five hours. In ten to twelve hours they are fully developed.

6. In the guinea-pig, regeneration of an injury produced after exposure of the tissue to the irritation of heat or cold takes place three times as rapidly as normally.

7. The degree of the heat used as an irritant can be gradually increased within certain limits without danger, because the tissues adapt themselves to it, and there occurs a relative immunity.

8. Slight chemical irritants (dilute cantharidin, etc.) produce similar evidences of proliferation, but no giant-cells are formed.

9. *Cause of the Proliferation.*—The hypertrophic and hyperplastic processes are probably not due to the formative effect of the thermal or chemical irritant, but rather occur in consequence of the primary tissue lesions, and represent an excessive regeneration.

10. *Cause of the Giant-cells.*—The effect of the slight cold is to injure particularly the protoplasm and to leave the nucleus practically intact. This lesion of the protoplasm is at first only functional, and stimulates the nucleus. The effect of the lesion is to remove all hindrance to the growth of the nucleus, which is thus enabled to develop untrammelled its boundless powers of proliferation.

11. *Cause of the Direct Division.*—The direct division of the nucleus is to be regarded as a vicarious function due to inability, in consequence of the injury to the cell-body, to incite the karyokinetic process.

12. *Special Result for Human Pathology.*—The increased power of regeneration which has been partly proved for man, and partly has been made very probable, deserves careful trial in clinical surgery with reference to its future use at the bedside.

DISEASES OF WOMEN AND CHILDREN.

Diet During Pregnancy as a Preventive of Dystocia and for the Determination of Sex.—Dr. Edward Preble (*Obstetrics*, May) writes as follows:

In conclusion, it can hardly be doubted that in future, diet in obstetrics is destined to play a part akin in importance to diet in obesity, diabetes, etc. There are drawbacks to the popularity of both Schenk's and Prochownick's management. The former requires a year to establish its value in a given case, while the cost of the repeated quantitative examinations and the trouble entailed upon the mother tend to limit its sphere to those of the wealthy, who, above all things, desire male issue. Prochownick's diet, insisting as it does, upon rigid abstention from excess of liquids becomes a hardship on the pregnant female who is accustomed to yield to the slightest craving in dietetic matters; and has, besides, to compete with many rival plans of treatment for dystocic conditions, especially symphysiotomy, which operation has been revived since Prochownick first set forth the principles of his diet. Despite these drawbacks, we have little doubt

that the question of diet in obstetrics will shortly discover its proper field of usefulness.

A Case of Quadruplets.—Dr. C. V. Leedy, of Union Mills, Ind., writes as follows to the *New York Medical Journal*:

On June 25, 1899, Mr. James P. came to my office for medicine for his wife, stating that she was about six months pregnant, and for two days had been very nervous and having pain in the back. I gave him a small bottle of fluid extract of black haw, with directions for his wife to take a teaspoonful in hot water every three hours; also some tablets of triple bromides, seven grains and a half each, one to be taken every four hours. I instructed him to have her remain in bed for a day or two and report to me the following day.

The next day I was called to the home of her mother, to which she had come on a visit in the morning. I arrived there a few minutes after three. Immediately her mother called my attention to a protruding cord. I *hastily* washed my hands, and in a very few minutes extracted, feet foremost, a living female child which weighed twenty-nine ounces. Only a glance at the abdomen was needed to tell me I was not yet through. A little before five o'clock another female child, which weighed twenty-six ounces, was extracted feet foremost. This child gasped faintly—only enough to show that life was present. The mother claimed my attention for a few minutes, and when I turned to the child it was dead. I made some efforts to resuscitate it, but to no avail. Upon further examination of the mother, I found a head presenting. Later the occiput was found to be to the right and posteriorly. This child was coming slowly and I took time to go down to the hotel (one block away) and eat my supper. At a little before seven this child was born, a dead female of twenty-six ounces. Upon further examination I found a shoulder presenting. I tried to manipulate it so as to bring the head down first, but could not; the child was easily turned and the feet were brought down, and the fourth female child, weighing twenty-three ounces, was extracted dead. The first child lived about forty-three hours and then died, in spite of cotton, codliver oil, and an extemporized incubator. During the labor the mother was given eighteen grains of quinine; no other medication was employed save two hypodermics of ergot, which were given to stop a hemorrhage which followed the expulsion of the placenta.

The birth was a premature one; I pronounced the gestation to be advanced between six and seven months. The nails were just beginning to show on the great toes and the fingers, the hair on the head was beginning to show, and the eyebrows were nearly visible.

On examining the woman the first time I found the bag of waters broken, but with each of the succeeding fetuses I had to rupture the membranes, which were very strong. The placenta, which I did not weigh, was not large, and the cords were inserted probably two inches apart.

The peculiar feature is four babies, all of the same sex and so equally developed, their respective weights being twenty-nine, twenty-six, twenty-six, and twenty-three ounces. The mother is only eighteen years and six months old, and I never attended a confinement where the mother had an easier labor. Of course the children were small, but I attributed the lack of suffering partly to the black haw and bromides given in the fore part of the day.

Uterine Fibroids.—Dr. George Ben Johnston, in the *Richmond Journal of Practice*, May, 1899, says :

Myomectomy was a great advance in the treatment of fibroids. It seems horrible to sacrifice an otherwise normal uterus on account of the presence of removable fibroids, yet unnecessary hysterectomies continue.

Perhaps the most difficult problem in determining between conservatism and radicalism presents itself when the surgeon comes to deal with fibroids. There are two conditions, which, if existing, lead to a speedy conclusion. The presence of a limited number of only subserous tumors at once indicates the removal of the tumors only. On the other hand, if the tumors are deep-seated, or embrace the bulk of the uterus, or if they are very large, nothing is to be done but hysteromyomectomy.

The doubtful cases are those in which the tumors are interstitial and small. Even here, when few and well defined, myomectomy may be undertaken with reasonable hope of success.

The difficulty of distinguishing *every* nodule is very great, and where the number is large the numerous and deep incisions required for their extirpation render the operation for their complete removal tedious, dangerous and uncertain. I therefore

contend that in every case at all doubtful, *except when they occur in young women*, hysterectomy is preferable to incomplete myomectomy. Overlooking and leaving a single nodule may destroy the permanent effect of the operation, and require a second of a more thorough kind.

Pelvimetry.—With increased experience in pelvimetry, I have learned to place less and less reliance upon external pelvic mensuration as a means of ascertaining the degree of pelvic contraction, and I believe that its only value is to indicate the possibility of the existence of pelvic deformity, and to give us a clue to the variety of pelvis with which we have to deal.

This observation is especially true of colored women, and I have no hesitancy in saying that in at least 50 per cent. of the colored women which I have examined, the external pelvic measurements differ markedly from the normal, while the internal measurements are normal or only slightly altered. Not infrequently I have found a pelvis to be practically normal upon internal examination when all of its transverse external measurements were shortened and its Baudelocque diameter reduced to 17 cm. or less.—J. W. WILLIAMS.

SURGERY.

A Novel Antiseptic Treatment of Wounds and the Speedy Obliteration of Bone Cavities.—Dr. Paul Coudray, in a communication to the Medical Society of Paris, is thus reported in *France Medicale*:

1. The author indicates the good results he has obtained by this mode of treatment for the antiseptics of wounds, and particularly of deep ones, of cavities, of anfractuons trajectories. The operation recommended by Mr. Guilmette—inventor of the coryl and coryleus, popularized since by Mr. Joubert—consists of employing chloride of ethyl in the pure state (ipsil) as a vehicle for conveying the antiseptic agent. That liquid boils at 10°; by heightening its temperature to 20 or 25°, it leaves the apparatus in the gaseous state (gas ipsilene), endowed with a certain *pressure*. The atomized spray thus obtained drives from the wound, by an impetuous rush akin to sweeping, the pus and the inorganic exudations and products of necrosis, in a word all the

diverse agents of infection, spreading besides on the bottom of the most tortuous trajectories as well as on superficial lesions a thin stratum of *iodoform* (this being the agent most frequently made use of by Mr. Coudray), which stratum remains adherent.

The transitory reduction of temperature produced thereby acts as a stimulus upon the wound, enhancing considerably its granulation; the secretions very rapidly diminish and soon they cease.

By dissolving the fatty substances, the chloride of ethyl acts moreover a chemical part which is in itself not unimportant for the purposes of antisepsis.

2. A second advantage, *thoroughly novel*, results likewise from the same proceeding. Having to treat a large cavity deep down in the nether extremity of the femur, Mr. Coudray, availing himself again of chloride of ethyl as a vehicle, projected into the interior of said cavity a substance approaching the composition of the normal bone—viz. phosphate and carbonate of lime. That cavity, rendered previously aseptic, preserved its “bone ipsilene” and appeared to be completely filled up after four of these spraying operations that had required one month. The author being of opinion that the product acts not only mechanically, but also, nay perhaps chiefly, in stimulating the osteogenetic power of the healthy bone, intends to verify this view of his by a series of experiments with animals.

Contrasting Surgical Methods of the Past with the Present.—Dr. Alexander, of Liverpool (*Liv. Med. Chir. Jour.*), remarks: “The contrast between the past and the present is, in my experience, most striking on some points, which it may be interesting to call to mind. I remember a venerable surgeon, with hair as white as snow, apparel and linen spotless, and whole bearing that of a perfect gentlemen, entering a theatre to perform an operation: He takes off his coat, hangs it on a peg, takes off his cuffs and rolls up his sleeves. He then takes down an old coat, green with age, torn in numerous places, and stained with the dried products of years of operating, and puts it on over the rest of his unimpeachable dress. I am not sure that he washed his hands, but I can see him now as if it were yesterday, standing talking to the students while the patient was being chloroformed, and *waxing the silk threads with a ball of wax after the fashion of a cobbler*. It is not so long since this

habit of using an old coat as an operation-coat has quite disappeared, and the improvement in this respect has been tremendous. The personal habits of surgeons have changed very much for the better, as no one would now go about for an hour with blood-besprinkled linen, quite visible to the onlooker. I remember men of repute, habitually blood-besprinkled or snuff-bespattered, whom we would now shudder to see enter our hospitals, much less our operation-rooms.

And will it be believed that once in a good hospital I witnessed an operation, and at its close the operator said, 'Gentlemen, if you will wait a few minutes I can make a post-mortem of a case that died yesterday, and whom you may remember I operated on, a week ago. We cannot tell why she died, as *all conditions of success were present*.' A trap-door was raised in the floor of the operation-room, a pulley let down, and a body was hauled up and laid upon a deal table brought from a corner of the operation-room. The surgeon who had been the operator now became the pathologist, and discussed every cause of death except what we know to be the true one !!

These trap-doors have disappeared, but the post-mortem room was for long somewhere *below* the hospital, and by means of the plumber communicated with every ward, operation-room included. Post-mortem rooms are now outside.

And surgeons have gradually ceased to make post-mortems, to be pathologists, or to be professors of anatomy, and all these branches have so increased that each specialist finds ten times more employment than he did in those days, and fifty per cent. more satisfaction than the pleuralists experienced."

Closure of the Abdominal Incision after Laparotomy and the Tendency to Hernia.—In the course of time, abdominal operators have reached a proficiency in technique and an assurance in the application of the details of asepsis that have made laparotomy a comparatively facile and safe procedure. There has however remained an objection not foreseen at first, but ever becoming more insistently prominent as the number of abdominal operations increased. Despite the most anxious care and most solicitous technique ventral hernia occur at the site of the abdominal incision and often make life miserable for the patient. The frequency of the occurrence of hernia has be-

come one of the great sources of opprobrium to modern abdominal surgery and it is not unusual to have patients who do not fear the result of the operation itself, hesitate to undergo it because of the fear of the subsequent hernia that they have learned to dread from the experience of friends or acquaintances.

The review of the recent results of post-operational hernia by Dr. John G. Clark of Johns-Hopkins Hospital, in the recent number of *Progressive Medicine*,* shows that a number of factors which have usually been considered as influencing the production of hernia really have no etiological connection with it. For instance permitting the patients to get up after 17 or 18 days does not predispose to hernia, and keeping them in bed for longer periods does not prove a prophylactic against its occurrence. The wearing or failure to wear a bandage after operation does not affect the liability to hernia, either favorably, or unfavorably. Pregnancy following immediately or remotely, after operation, plays no part in the production of hernia despite preconceived notions to the contrary.

It is evident then that the occurrence of ventral hernia after operation is mainly due to the method of closing the abdominal wound, despite all that has been said by certain gynecologists abroad, as to the advantage to be derived in this matter from making the incision through the rectus muscle. Dr. Clark, from his experience at Johns-Hopkins, as well as his records of the subject, decides in favor of the incision in the linea alba. Two things are necessary to lessen the tendency to hernia in closing the incision. First, the fascia, *i.e.*, the aponeurosis of the recti muscles, must be carefully brought together so as to secure complete and firm continuous union along the line of section. The essential point in placing the sutures, is to catch enough of the aponeurosis to firmly bring the borders of the fascia not only into complete coaptation, but also to slightly elevate them into a median ridge. The coaptation of the fascia must be especially exact at the lower end of the incision, when the liability to hernia is greater, because the layers of fascia are fewer.

**Progressive Medicine*, a Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Edited by Hobart Amory Hare, M.D. Vol. II. June, 1899. Lea Brothers & Co., Philadelphia.

The second requisite for a firm cicatrix is to secure healing *per primam*, and this is best secured by leaving no dead spaces in which blood or lymph may collect to become infected, and by allowing no penetrating cutaneous stitches, through which micro-organisms may penetrate from the surface despite the most careful precautions. On the whole, this subject of the avoidance of hernia by a careful technique in the closure of the abdominal incision would seem to have reached a development that leaves very little to be desired, and it is evident that it is only in patients with especially relaxed tissues, or with natural tendencies to hernia that the operator may feel exempt from responsibility in future cases of this annoying sequela.

GENITO-URINARY SURGERY.

Gonorrhea too Lightly Considered.—Dr. Dyer F. Talley says: It is quite common among the laity, especially among those who have never had it, to hear the expression that “clap is no worse than a cold.” Evidently this is the general belief, as most subjects, when they contract a case, either treat themselves or apply to the druggist, who always has a remedy that will cure in from three to five days. Some of these cases do recover in two or three weeks, in spite of the treatment, while most of them run on until they reach a stage of chronicity from which it is extremely difficult to recover. Probably a majority of these subjects never take an injection properly and do not get the medicine back to the disease; in many cases this is rather fortunate for the patient, as the medicine might damage the urethral mucous membrane much more than the gonococcus could. This would be especially true in cases where patients are directed to get a dime’s worth of bluestone and dissolve in a pint of water for an injection. In this way a patient may get a ten-cent cure and probably later on in life it will cost him more than four or five hundred dollars to have strictures treated.

Many physicians consider gonorrhea easily cured, and some acute cases do respond very nicely to treatment; but the cases that apply to the doctor have usually been self-treated, then treated by the druggist, and by the time they reach the physician they have become chronic, and there are few, if any, curable diseases so intractable as chronic gonorrhea. Many cases are treated for months and months until they are lulled into a

quiescent condition called a cure, only to be relighted by the first alcoholic or sexual indulgence. This recurrence, fortunately for the doctor's reputation and purse, is called a new case. Many cases of gonorrhea are thoroughly cured by injections of various astringent and antiseptic solutions with the small syringe, but this is a lazy and negligent way of treating the disease when it can be so much more thoroughly treated by Valentine's irrigation method. When cases apply early for treatment, this plan will usually effect a cure in two weeks, but as most cases are chronic when they reach the doctor, it will generally take as many months.

Those specialists who have treated many cases know how difficult it is to cure chronic gonorrhea and what dangerous complications may follow a case. I heard one of these specialists in New Orleans remark a few years since that he had rather have syphilis than gonorrhea.—*Southern Med. Rec.*

Treatment of Granular Kidney.—Dr. Samuel West, in the Lettsomian Lectures (*The British Medical Journal*, March 11th), claims that the objects that we should have in view in the treatment of granular kidney are:

1. To prevent the disease getting worse if possible, and to relieve the damaged organ in every way possible. With this in view exposure must be avoided as well as fatigue of either mind or body; the general health should be kept at its highest level; the diet should be appropriate, and, where feasible, the Winter should be spent in a warm, dry, and genial climate.

2. To guard against the accidents specially likely to occur. These are failure of the heart and rupture of vessels. With this object violent exertion must be avoided, as well as all excessive mental work and anxiety; the patient should lead an easy life, both physical and mental; and, where unavoidable illness arises, such as a severe accident or acute pneumonia, if the weak spots be remembered much may be done to diminish the risks.

3. To counteract or relieve symptoms as they arise. I have already drawn attention to the extreme variability of these symptoms, and the treatment must therefore be correspondingly various also; but it is often surprising when the cause upon which these symptoms depend has been recognized, that is to say, when granular kidney has been diagnosed, how much may be done to give relief.

Of drugs, I do not know of any more useful than nitrate of pilocarpin given in small doses two or three times a day by the mouth, or in urgent cases *sub cutem*. Thus the headache, irritability by day and restlessness by night, vomiting and digestive disturbances, a foul tongue and a dry skin, may all rapidly yield to a dose or two of pilocarpin, and the patient be restored to comfort, or even threatening symptoms of uremia be removed. There is one noteworthy fact about pilocarpin in chronic renal disease—namely, that it often does not produce the sweating which under normal circumstances and in similar doses it causes, and yet without the sweating its effect is striking.

A New Operation for the Radical Cure of Hydrocele of the Tunica Vaginalis.—Dr. J. J. Pratt (*The Indian Medical Gazette*) describes an operation which he believes to be specially suitable to hydroceles of moderate dimensions. In the enormous hydroceles he thinks it would be best to perform a modified excision, removing the anterior part of the sac before everting. He performs the operation as follows: After careful shaving and thorough washing and cleansing of the parts, the scrotum is made tense by being firmly grasped in one hand, an incision is made along the whole length of its long axis, the tunica exposed, and the testicle almost entirely withdrawn from the scrotum; then, the tunica having been punctured with the knife, the puncture is enlarged with the scissors to a sufficient extent to allow of the testicle being drawn out through the opening. This having been done, the parietal tunica is turned inside out, and the opposite edges of the incision in the sac are united behind the epididymis by a single catgut suture. The cavity of the tunica thus ceases to exist, and the testicle and epididymis are covered almost completely by one continuous layer of serous membrane. The skin incision is closed with a continuous suture, and the operation completed.—*Med. Record*.

DERMATOLOGY AND SYPHILOLOGY.

Eleven Cases of Porokeratosis (Mibelli) in one Family.—Dr. T. Caspar Gilchrist (*Journal of Cutaneous and Genito-Urinary Diseases*, April, 1899) sums up the interesting features of these cases as follows:

1. Only one case has been previously recorded as having oc-

curred in America. (Wende's case was recorded 18 months after my preliminary notice.)

2. The distribution and character of the lesions in all the cases is practically the same as in the cases described by other observers.

3. The recurrence of the lesions even after severe curetting and the application of silver nitrate.

4. The careful observations of the recurring lesions and also the appearance of new lesions.

5. The eruption occurring in eleven members of the same family in four generations with the entire absence of any contagiousness of the disease is the strongest evidence which has thus been put forward that this disease is hereditary.

6. The disease commences as a hyperacanthosis of the rete in the region of the mouth of the tubular and acinous glands with a decided preference for the former, then follows a hyperkeratosis. Marked changes occur in the corium, viz., large number of lymphoid cells, dilatation of the blood vessels and lymphatic vessels, etc.

7. Many discrete lesions have been cured by the application of the electric needle.

Leprosy in America.—Dr. H. M. Bracken, before the recent meeting of the American Public Health Association in Ottawa, Canada (*The American Practitioner and News*, Dec.), drew attention to the following facts as emphasized by the records:

1. The impression that leprosy immigrants from the Scandinavian peninsular were all from Norway was a wrong one, as five of eleven lepers placed on file by the Board during 1897 and 1898 were from Sweden.

2. The feeling that physicians could quarantine against lepers by watching immigrants was an unsafe one. The family history of all immigrants from the country where leprosy prevails should be secured before they are allowed to embark for America, and no member of a leprous family should be permitted to land on our shores.

3. It would appear that the conditions antagonistic to the spread of leprosy in Minnesota were also opposed to sterility, as borne out by the families of several lepers. Some of these had

children (as was shown by the following figures—five, five, six, six, four, six, four, five, and eight.)

4. It was quite possible for leprosy to die out in certain favored sections of the country, such as Minnesota, without segregation, provided the importation of lepers was discontinued.

5. Even in Minnesota, one has but to visit some of these lepers to feel that segregation should be insisted upon in all cases. One cannot but feel, on entering a filthy home and seeing a leprous mother careless in her habits, that the children are not safe.

6. Segregation in single States is not practicable. It would tend simply to drive lepers from States enforcing such a practice to those that were not carrying out the system.

7. A Federal Home should be provided for these unfortunates. They could thus be cared for more economically and more satisfactorily than through any State provision.

8. In spite of all precautions taken, there will be some leprous individuals in this part of the world for many years to come. The Scandinavian peninsula did not furnish all leprous individuals found in the United States.

To Stop Falling of the Hair.—The *Indian Lancet* quotes from the *Revue de therapeutique* the following prescription.

℞ Hydrochloride of quinine.....	1 ounce.
Tannic acid.....	2 ounces.
Alcohol (seventy per cent.).....	1½ pint.
Tincture of cantharides.....	2½ ounces.
Pure glycerin.....	2½ ounces.
Eau de Cologne.....	10 “
Vanillin.....	2 grains.
Powdered sandalwood.....	1 ounce.

M.

This mixture, after being well mixed and shaken, is allowed to stand for four days and is then filtered. It is rubbed into the scalp daily for the purpose named.—*Ex.*

OPHTHALMOLOGY.

Tumor of Orbit—In the section of ophthalmology of the College of Physicians of Philadelphia, Dr. William Zentmayer showed a case of tumor of the orbit with secondary involvement of the lymphatics, in a five-year-old child. Six weeks earlier a bloody tumor over the right parietal bone had been incised and tapped. There was protrusion of the right eye, but no cerebral

symptoms. The skull is enlarged, the sutures and fontanelles open, and the veins of the forehead and lids dilated. The enlargement of the lymphatics is most marked in the right cervical chain. Knee-jerk diminished on the left side. Examination of the blood shows intense secondary anemia. The right eye is proptosed 1 cm., and cannot be replaced. The outward movement is abolished, and the upward limited. Pupils normal. In the right eye there is choked disk, with minute hemorrhages and marked striations of the retina in the macular region; and in the left eye optic neuritis.

Dr. G. C. Harlan, in a paper entitled "Abscission and Combined Keratectomy," urged the more frequent performance of abscission of the cornea as a substitute for enucleation of the eye when the disease or injury is confined to the anterior segment of the ball. This operation was formerly done with entirely satisfactory results in many cases which to-day would be submitted to enucleation, with the result of unnecessary deformity and annoyance. Panas' "combined keratectomy" differs from the Critchett operation chiefly in placing the incisions and sutures in front of the ciliary body instead of behind it, and seems to be an improvement over former methods. The application of this procedure to cases of painful absolute glaucoma is an important advance.

Dr. H. F. Hansell described a case of atypical retinitis pigmentosa in a child of ten. The pathologic changes were gradual absorption of areas of the retina and choroid at varying distances from the papilla, and an incipient atrophy of both optic nerves. He believed that the case was in the early stages of the disease recently described by Fuchs, namely, *atrophia gyrata choroida et retinæ*, the characteristic features of which are gradual disappearance of normal retina and choroid in patches arranged in concentric circles with the papilla as the center, and connected by islands of normal structures, and associated with advancing atrophy of the optic nerves.

MEDICO-LEGAL.

Liable for Fee of Consultant.—Mr. Arthur N. Taylor, in speaking of contract of patient with physician, says that the patient is bound not only to pay the attending physician, but also the physician who is called to a consultation, and this has

been held to be the law, notwithstanding there is an agreement between the attending physician and patient that the attending physician shall pay the expenses of such consultation.

The reason for this rule may be readily seen. It has been observed that where a party knowingly and without objection permits another to perform services for him, the law implies a promise to pay what the services are reasonably worth. Consequently, when a physician is called to a consultation, even though it be by the attending physician, it is fair for him to presume that the consultation is for the benefit of the patient, and to rely upon the promise of payment which the law makes for the patient. The agreement of the attending physician to pay the consultant is unusual and exceptional, and being contrary to the ordinary presumption of law the consultant will not be bound unless he has notice of such arrangement.

It is doubted, however, whether a patient is bound by an implied contract to pay for medical services of a physician called in by her attending physician for the mere purpose of convincing her that he is doing all that can be accomplished for her, where such physician, in fact, rendered no services for her, and was not called in at her request.

It is pertinent to state at this point that, should the patient be required to pay the consulting physician after the attending physician has agreed to defray this expense, the patient may recover the amount so paid by him from the attending physician, or he may treat it as a counter claim and deduct the amount from fees earned by the attending physician.—*New York Med. Jour.*

TERATOLOGY.

Congenital Absence of Fibula.—Mr. Carwardine read a paper on Congenital Absence of the Fibula with Intrauterine Fracture of the Tibia. The patient was five weeks old. The right leg was much shorter than the left, and the thigh half an inch shorter. The leg was bent rather below the center almost to a right angle, and over the convexity was an umbilicated and somewhat adherent scar. The fibula and all the elements of the fifth toe were absent. The tibia was sharply bent upon itself, almost to a right angle, with some thickening of the part. The tendon-Achillis and skin posteriorly were very tight. (Skia-grams and sketches shown.) When the mother was two months

pregnant she was nearly run over by a carriage and pair. To escape the danger she made a sudden dart forwards. He corrected the deformity with great difficulty, owing to the hardness of the bone and tenseness of the tendon Achillis, which he divided. He was of opinion that the condition was a true greenstick fracture of one tibia across the other in utero by contraction of the parietes upon a bone which lacked the support of the fibula. The absence of the fibula and fifth toe are developmental.

Mr. R. Jones thought that no theory of etiology fully accounted for the conditions found. It was difficult to conceive of any direct injury to the mother giving rise to a compound fracture of the tibia when surrounded by amniotic fluid. The large proportion of cases giving evidence of congenital irregularities of toes seems to suggest a joint casual relationship.

Mr. Luke Freer referred to his case, recorded in Volume 1 of the British Orthopedic Society's Transactions, in which the fibula seemed to shade away with the tendon-Achillis.—*Medical Press and Circular*.

PROCTOLOGY.

The American Proctological Society held its first meeting in Columbus, June 6 and 7 last, and among the papers read are the following (*New York Medical Journal*):

A Modification of Whitehead's Operation for Hemorrhoids was described at the same meeting by Dr. Earle of Baltimore. It consisted in clamping the tumors by sections, beginning at an incision in the fourchette, where a primary incision was made to determine the depth at which to place the clamp. After the removal of the tissue above the clamp piece-meal, a continuous suture, beginning at the primary incision, was inserted around the clamp. When the first section had been cut away and sutured, the clamp was removed and the suture drawn taut; then the clamp was again put in position and kept there until the whole anal circumference had been treated. He stated that he had given this method a thorough trial, and unhesitatingly said it was the safest, the easiest, and by far the best method that he had ever tried. The operation was practically bloodless, and healing by first intention was secured. The convalescence was complete at the end of a week. Dr. Earle demonstrated his method of operating at St. Anthony's hospital.

The Act of Defecation was the subject of a paper by Dr. Thomas Charles Martin, of Cleveland, read before the same meeting. He said that a knowledge of the anatomy of the rectum was necessary to form an appreciation of the physiology of defecation. The bundles of circular fibres which constituted the muscular element of the rectal valve belonged to the same mechanism and had the same function as those which form the ental sphincter. It was the function of the normal rectal valve to "beneficently" retard the descent of the feces, and it was obviously true that it might be the special province of the valve in certain other than normal conditions to "maliciously" obstruct the descent of the feces. His experience convinced him, that a perfect knowledge of the rectal valve constituted the key to an understanding of obstipation, rectal stricture, and their sequelæ.

NEUROLOGY.

Absence of Self-Restraining Power in a Man Convicted of Public Indecency.—M. Bérillon (*Indépendance Médicale*) recently presented to the French Society of Hypnology and Psychology a patient who had been convicted of indecent behaviour, and pointed out that he was the subject of urethral strictures, one situated in the bulbar and one in the membranous portion of the urethra; to the latter one spasm was superadded. These lesions, M. Bérillon considered, were the explanation of the reflex nervous troubles which resulted in the acts for which he was prosecuted. At certain times, under the influence of urethral irritation, the patient fell into a state of genital erethism, inducing the automatic accomplishment of indecent acts. Under the influence of genital irritation the spinal centres were relieved from the controlling psychomotor influence of the cerebrum; the lower centres became independent, functioning irresistably. The man was deprived of controlling power, whence he ought not, in the author's opinion, to be held responsible for irresistible reflex impulses. The treatment required to be directed both to remove the cause of the impulses and to increase the power of self-control.—*Ex.*

Kernig's Sign in Meningitis.—In 1884 Kernig, of Russia (*Berliner Klinische Wochenschrift*), described a phenomenon which he believed to be peculiar to inflammation of the pia mater. "If a patient with meningitis be made to sit up, as on

the edge of the bed, the thigh therefore being at a right angle with the body, it is found extremely difficult to extend the leg, because of a marked flexor contracture." The symptom has attracted little attention until the last year. Later investigations, especially those of Netter, have shown its great value in determining the diagnosis of this disease. Dr. James B. Herrick (*Am. Jour. Med. Sciences*, July, 1899) reports observations made upon nineteen cases of meningitis, with autopsy in eight cases. All doubtful cases were excluded. Nine were epidemic cerebro-spinal meningitis, seven were tuberculous, two were pneumococcal and one was syphilitic. Kernig's sign was present in seventeen out of the nineteen cases, or in 89.4 per cent. In the two cases in which it was absent, both children, the single examination was made a short time before death, and it was noticed at the time that there was a general marked laxity of all the muscles. The sign may have been present earlier.

In twenty-five healthy individuals, selected at random, no Kernig sign was present. In 100 cases of disease other than meningitis Kernig's sign was absent in ninety-eight and present in two. One of these two cases was that of a man aged fifty-two years, found unconscious, his mental condition subsequently varying from coma to quite bright intelligence. Autopsy revealed subdural hemorrhage. The other was a woman who had been lying in bed for four weeks with gonorrheal arthritis of one knee. The local condition may explain the apparent presence of Kernig's sign.—*Medical Standard*.

ORTHOPEDIC SURGERY.

Congenital Sterno-Cleido Muscular Torticollis.—Kuss reports (*Rev. d'Orthop.*) an autopsy and microscopical examination of the contracted sterno-cleido mastoid in the case of a six-year-old child who had been afflicted with congenital torticollis from contraction of the sterno-cleido mastoid. He reports that there was no evidence of an early hematoma. He concludes that the atrophy and contraction of the affected sterno-cleido was due to a diffuse interstitial muscular sclerosis, very extensive, though not total, more noticeable in the lower two-thirds than in the upper third of the muscle, and more marked in the deeper than in the superficial parts. The fibrous tissue in the portions most seriously affected had completely choked out

the muscular tissue. In other parts the muscles presented no qualitative change.—*Boston Med. and Surg. Jour.*

Tendon Transplantation.—Rocket reports (*Lyon Medical*) tendon transplantation in the paralyzed muscles of the hand. The abductors of the hand and thumb in a child of nine were paralyzed. The hand was held turned towards the side of the ulna. An incision was made along the ulnar side of the forearm, extending slightly beyond the wrist joint; the tendons of the flexor and extensor carpi ulnaris were cut close to their insertions; the tendons of the extensor brevis and abductor longus pollicis were laid bare, the sheath opened and the divided tendon of the extensor carpi ulnaris inserted into both, and the hand held in a position of radial abduction. Four months later the patient was able to abduct the hand and thumb.

In a second case, that of a child of thirteen, with paralysis of the extensors of the hand and abductor longus pollicis, the peripheral ends of the extensor longus pollicis were seen to the tendon of the extensor indicis proprius with the resulting ability to stretch the fore-finger and thumb. In a fourteen-year-old boy with a paralyzed arm and flail wrist joint, with only the power of flexion of two fingers and extensor of the ring finger and thumb, left tendon transference as follows was performed through a median incision, namely: (1) extensor brevis and abductor longus pollicis; (2) extensor pollicis longus and extensor indicis; (3) the tendons of the middle and little fingers to the ring finger. Three months later the fore and little fingers could be extended and the thumb could be separated from the second metacarpal.

A similar operation was successfully performed on an individual fifteen years of age with a spastic hemiplegia of the whole right side, with distortion of the hand, which was held flexed. Incisions were made on the dorsal and volar end of the forearm and wrist joint, and the extensors of the fingers and extensores carpi were divided a short distance above the joint. The superficial flexors of the finger with the flexores carpi were divided and passed through an interosseous space and united to the central ends of the divided flexors. Five months later the hand was held straight and the fingers (whose deep flexors had not been distorted) could be both flexed and extended.—*Boston Med. and Surg. Jour.*

BOOK REVIEWS.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Penna.) Vol. II., Ninth Series, July, 1899. 8vo., pp. 310. Illustrated. [Philadelphia: J. B. Lippincott Co. 1899.

This is an unusually good volume in so far as the richness and value of its contents is concerned. A steady and progressive improvement seems to characterize the successive volumes of this publication, and we note that the foreign contributors are still represented by some of the best known names in Europe. The volume opens with an article which deals with a method, still in its infancy, it is true, but which bids fair to create a lasting place for itself. It is on Superheated Air as a Hemostatic, by Dr. Holländer of Berlin. This article is richly illustrated and the results shown are truly marvelous.

A very interesting lecture is that on the Preventive Treatment of Paternal Syphilitic Heredity during Pregnancy, by Prof. Alfred Fournier of Paris. This is a subject which has been much neglected by the profession, and which certainly desires more attention. The good results which follow such treatment should be an encouragement to all to pursue the practice. A subject but little understood, and which deserves more attention than it has hitherto received, is Stuttering and its Treatment, which is nobly handled by Dr. Hermann Gutzman of Berlin.

The volume before us is particularly rich in excellent lectures in Medicine, Neurology, and Surgery. The enumeration of but a few will serve to give a faint idea of the contents of the book. Hysteria and Raynaud's Disease, by Dr. P. Cornes, Hereditary Atoxia by Henry M. Lyman, Shot Wounds in the Heart Region by Prof. König. Schroeder's Operation by Dr. Charles Greene Anniston, are a few, each one of which is replete with interest. Squint and Palsies of the Ocular Muscles by Dr. Edward Jackson and Iritis by Dr. William Cheatham are certainly far above the average. Laryngeal Papillomata and other troubles of the larynx and throat are well presented by Prof. Fraenkel. Prof. Lassar discusses

Prurigo, Giberts' Disease and some syphilitic lesions, in his well-known style.

From this very brief enumeration a good idea may be formed of the superior quality of the contents of this volume. The series is becoming more valuable every day, and International Clinics has become a most interesting exemplar of the medical teachings of to-day.

A Handbook of Pharmacology and Therapeutics; or the Action of Drugs in Health and Disease. By ARTHUR R. CUSHING, M. A., M. D., Aberd. 8vo., pp. 730. Illustrated with Forty-seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$3.75 net.

This is a work which cannot fail of being of the highest value to practitioner and student alike. It is exactly what it purports to be, a guide to pharmacology and therapeutics. The author dwells particularly upon the latter and points out the necessity of being well grounded in therapeutics in order to be able to apply remedies in a rational manner. He is very careful in his enumeration of the remedies, avoiding what he is pleased to call the unsupported claims made in behalf of new weeds and new chemical products. There is no doubt that we are already in possession of almost an infinite number of remedial agents, but it is equally true that one-half could be easily dispensed with, as better and more efficient remedies have appeared to supplant them. An examination of the pages of the book before us will easily demonstrate the truth of this proposition.

A point to which we desire to call particular attention in connection with the work before us is that it is not a *materia medica*. It is principally a work on therapeutics, pharmacology being but the broader term, not as well understood by students and physicians. The book is replete with most valuable information and will more than amply repay the reader. It is one which should occupy the most convenient shelf of the book-case in order to permit of quick and ready reference. We are convinced that the practicing physician who has this work will constantly refer to it, as it will ever prove of the greatest help in whatever therapeutic question may present itself.

The author was a pupil of Oscar Schmiedeberg, who wrote the *Grundriss der Arzneimittellehre*, a classical work which brought fame to its writer. He followed the same lines in the work before us, enlarging certain parts and filling lacunæ. A short bibliography of a select character is added to the consideration of each subject, thus enabling the reader to pursue anyone still further if he feel so inclined.

The book is a superior one and will no doubt meet with a large sale as its merits become better known.

The Mechanics of Surgery. Comprising detailed Descriptions, Illustrations and Lists of the Instruments, Appliances and Furniture necessary in Modern Surgical Art. By CHARLES TRUAX. 8vo., pp. 1024. [Chicago. 1899. Price, \$4.50.

This is not a dealer's catalogue but a classified presentation of instruments and appliances that will be found of real value to the surgeon. Their history, mode of manufacture, and use of instruments from the introduction to the subject proper. Then instruments and their modifications are taken up in a systematic manner. The book is richly illustrated with 2183 figures. The only thing we regret, is that dermatological instruments and their consideration have been omitted.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Handbook of Pharmacology and Therapeutics, or the Action of Drugs in Health and Disease. By Arthur R. Cushing, M.A., M.D., Aberd. 8vo., pp. 730. Illustrated with Forty-seven Engravings. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$3.75 net.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by Judson Daland, M.D. (Univ. of Penna.) Vol. II., Ninth Series. July, 1899. 8vo., pp. 310. Illustrated. [Philadelphia: J. B. Lippincott & Co. 1899.

The Mechanics of Surgery: Comprising Detailed Descriptions, Illustrations and Lists of the Instruments, Appliances and Furniture necessary in Modern Surgical Art. By Charles Truax. Large 8vo., pp. 1024. [Chicago. 1899. Price, \$4.50.

The Interstate Medical Journal is the title which now graces the front cover of our old friend, the *Tri-State Medical Journal and Practitioner*. Owing to the extension of its territory it was wisely deemed expedient to enlarge the title. We are pleased to note this evidence of prosperity in our contemporary and earnestly wish it continued prosperity.

The *Journal of Scientific Medicine*, under the able management of Dr. Gustavus M. Blech, is steadily forging to the front and has established itself firmly among Chicago medical publications. Although not voluminous at present, we are promised that it will soon have a number of pages added to each issue.

Warner's Pocket Medical Dictionary is an up-to-date work in every sense of the word. The latest medical terms have all been added, 10,400 words, terms and phrases are spelled, pronounced and defined. The definitions are concise and comprehensive. Type bold and easily readable. Paper and binding neat and specially serviceable. Bound in flexible leather, round corners, colored edges. Complete tables of arteries (6 pages), bacilli, spirilli, streptococci, micrococci, bacteria (11 pages), muscles (24 pages), nerves (12 pages), dose table (14 pages). This latter comprises a complete list of all drugs with their doses arranged in apothecaries' measure and their metric equivalents. Every one of its 413 pages is well written and will prove a valuable addition to the library of quick reference books of any physician. It will be sent to any address upon receipt of 75c., stamps or money order. Address W. R. Warner & Co., Philadelphia.

St. Louis Courier of Medicine was published in this city ten consecutive years and then lay dormant for a decade. It always was a high-class medical monthly and we are now given a pleasant surprise in its reappearance. We have before us No. 1 of Vol. XXI, and we are pleased to greet our old friend. The make-up, appearance, and character of its contents are the same as formerly, the only change apparent being in the editorial corps. The editors are Drs. C. R. Dudley, Jos. Grindon, E. F. Smith and W. A. Shoemaker. The *Courier* will contain 80 pages (mostly original) each month. The subscription price continues at \$2.00 a year.

Announcement.—Mr. W. B. Saunders announces the following books in press for publication in the early fall:

The International Text-Book of Surgery. In two volumes. By American and British authors. Edited by J. Collins Warren, M.D., LL.D., and A. Pearce Gould, M.S., F.R.C.S., Eng. Vol. I. Handsome octavo volume of about 950 pages, with over 400 beautiful illustrations in the text and 9 lithographic plates.

Heisler's Embryology. A Text-Book of Embryology. By John C. Heisler, M.D. 12mo volume of about 325 pages, handsomely illustrated.

Kyle on the Nose and Throat. Diseases of the Nose and Throat. By D. Braden Kyle, M.D. Octavo volume of about 630 pages, with over 150 illustrations and 6 lithographic plates.

Prior: Pelvic Inflammations. The Treatment of Pelvic Inflammations through the Vagina. By W. R. Pryor, M.D. 12mo volume of about 250 pages, handsomely illustrated.

Abbott on Transmissible Diseases. The Hygiene of Transmissible Diseases: their Causation, Modes of Dissemination, and Methods of Prevention. By A. C. Abbott, M.D. Octavo volume of about 325 pages, containing a number of charts and maps, and numerous illustrations.

Jackson: Diseases of the Eye. A Manual of Diseases of the Eye. By Edward Jackson, A.M., M.D., 12mo volume of over 500 pages, with about 175 beautiful illustrations, from drawings by the author.

The International Text-Book will present a complete treatise on the theory and practice of surgery in its most advanced aspects. There is a real need among practitioners and advanced students for a work on surgery, encyclopedic in scope, yet so condensed in style and arrangement that the matter usually diffused through four or five volumes shall be given in one-half the space and at a correspondingly moderate cost.

In his Pelvic Inflammations, Dr. Pryor directs the attention of the general practitioner and specialist to a surgical treatment of the infectious pelvic diseases of women. The subject is a most important one, inasmuch as inflammatory lesions constitute the majority of all pelvic diseases.

Kyle on the Nose and Throat, Heisler's Embryology, and Jackson's Disease of the Eye are practical text-books for students, written by men of long and successful experience as teachers of these branches.

Special features of Dr. Kyle's book are the logical classification of the diseases, the modern pathology, illustrated with new and original cuts, and the extended consideration given to details of treatment.

Abbott on Transmissible Diseases, is an important and timely contribution to the literature of preventive medicine.

Appreciation.—We always feel flattered to see our articles reappear in abstract in other journals; but we do feel hurt when the credit is given to some one else. As an example of this, perhaps accidental misquotation, we find in a late issue of the *Charlotte Medical Journal* an abstract of an article on the Toxicity of Tobacco and a Method of Eradicating It, by Dr Heinrich Stern, which originally appeared in the *Journal*, erroneously credited to the *Medical Review of Reviews*. We call attention to this more in a spirit of sorrow than of vindictiveness, as we are all liable to forget to give due credit sometimes, or to credit falsely through our faith in others.

MELANGE.

School of Orificial Surgery.—The thirteenth annual class for instruction in orificial surgery will assemble in Chicago, at 9 A.M., September 4th, 1899, and will continue to meet daily during the week, as usual.

For particulars in this clinical course address

E. H. PRATT, M.D.,

100 State Street, Chicago.

Disposal of the Dead by Liquid Air.—It is said that a company has been formed in New York City which will erect a crematory near Nyack, where the rapid consumption of dead bodies will be effected by means of liquid air.

Death Rather Than Bath.—A prisoner in a Jersey City jail persistently refused to take a bath, but was finally told that he would be forced to wash himself. He still refused, and the next morning was found dead in his cell, having killed himself.

Trouble From Carbolic Acid.—A man from Norwich, N. Y., who, after a tiff with his wife, smeared carbolic acid upon his whiskers, and feigned suicide, has repented. His employer administered mustard, and the doctors poured emetic after emetic down his throat against the joker's decided protestations, and finally the stomach-tube was resorted to. When the victim stopped his struggling, the doctors found time to look into his throat and found that no poison had been taken. Moral: Don't sham suicide.—*Med. Rec.*

Complete Penetration of the Brain by an Iron Ramrod.—A case which in some respects strongly reminds us of the historic "Crowbar Case," has been published by Barritt in the *Lancet* for January 7. A boy of fifteen, in the act of loading a gun, accidentally discharged it while the ramrod was still in the barrel, driving the iron rod, which was thirty and one-half inches long and five-eighths of an inch in diameter at its largest part, completely through his head and some fourteen yards beyond. It was afterwards found with his cap, which it had transfixed. The ramrod entered slightly above one eye and came out in the upper parietal region considerably behind the median transverse line. The symptoms resulting were paresis of one arm,

semi-consciousness, associated with much irritability. There was no permanent speech defect nor any impairment of the mental faculties. The skull was naturally fractured, and bits of brain and bone were extruded for some time. The temperature was never higher than 100°, and, finally, practically complete recovery took place, even to the paretic arm.

In comparing this important case with the "Crowbar Case" there are evidently several features in common. Both were destructive injuries of the brain, effected by very hard elongated objects driven at a high rate of speed, and in both instances the rod entered the head a very short distance from its point of discharge. In both cases, too, although the direction of the projectile was different, the same portions of the brain, in general, were involved. In comparing the cases, however, it should be remembered that in the "Crowbar Case" the iron rod was longer and very much greater in circumference, and, more important still, that the accident occurred long before the importance of surgical cleanliness was recognized. By these and other cases it seems to be firmly established that the brain, and particularly the frontal regions, may be most seriously injured without permanent mental defect. It would be of interest in Barritt's case to see if in the future there are subtle changes in the character which have been so often described in lesions of the frontal lobes from various causes.—*Ex.*

The Acme of Sexual Ignorance.—The *Quarterly Medical Journal* for July, quoting from the *Review of Reviews*, says that Mr. J. G. Frazer contributes the first part of an article on The Origin of Totemism to the *Fortnightly Review* for April. It is based chiefly upon the book by Mr. Spencer and Mr. Gillen on The Native Tribes of Central Australia, which has just been published by Messrs. Macmillan. Mr. Frazer says that the book contains a full description of the most extraordinary set of customs and beliefs ever put on record. The natives, whose customs are described by Messrs. Spencer and Gillen, are so devoid of what may be called ordinary common sense that, although they suffer severely from frost at night, they have never yet learned to use the furs of the animals which they kill as clothing. They huddle naked round little fires, into which they frequently roll when sleeping and burn themselves. Even this, however, is a less ex-

traordinary illustration of their difference from the rest of mankind than is to be found in their theory as to the propagation of the species. Mr. Frazer says: "They have no notion that mankind is propagated by the union of the sexes—indeed, when the idea is suggested to them they steadfastly reject it. Their own theory to account for the continuation of the species is sufficiently remarkable. They suppose that in certain far-off times, to which they give the name of 'Alcheringa,' their ancestors roamed about in bands, each band consisting of members of the same totem group. Where they died their spirits went into the ground, and formed, as it were, spiritual storehouses, the external mark of which is some natural feature, generally a stone or tree. Such spots are scattered all over the country, and the ancestral spirits who haunt them are ever waiting for a favorable opportunity to be born again into the world. When one of them sees his chance he pounces out on a passing girl or woman and enters into her. Then she conceives, and in due time gives birth to a child, who is firmly believed to be a reincarnation of the spirit that darted into the mother from the rock or tree. It matters not whether a woman be young or old, a matron or a maid—all are alike liable to be thus impregnated by the spirit; although it has been shrewdly observed by the natives that the spirits on the whole exhibit a preference for such women as are young and fat. Accordingly, when a plump damsel, who shrinks from the burden of maternity, is obliged to pass one of the spots where the disembodied spirits are supposed to lurk, she disguises herself as a withered old hag and hobbles past, bent up double, leaning on a stick, wrinkling her smooth young face, and mumbling in a cracked and wheezy voice, 'Don't come to me; I am an old woman.' Thus, in the opinion of these savages, every conception is what we are wont to call an immaculate conception, being brought about by the entrance into the mother of a spirit apart from any contact with the other sex. Students of folklore have long been familiar with notions of this sort occurring in the stories of the birth of miraculous personages; but this is the first case on record of a tribe who believe in immaculate conception as the sole cause of the birth of every human being who comes into the world. A people so ignorant of the most elementary of natural processes may well rank at the very bottom of the savage scale."—*N. Y. Med. Jour.*

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ORIGINAL COMMUNICATIONS.

OCCASIONAL PERISCOPE OF ANTENATAL PATHOLOGY.

BY J. W. BALLANTYNE, M.D., F.R.C.P.E., F.R.S.E.
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Predisposition to Streptococcal Infection in the New-Born.
—Charrin, Levaditi, and Paris (*Compt. rend. Soc. de biol.*, 9th ser., vol. i., p. 301, May 5, 1899) report a case, the salient features of which were a woman in an advanced stage of cancerous cachexia, giving birth to an infant that had a persistent subnormal temperature, lost weight continuously, and died when about six weeks old, and the cause of death was found to be general streptococcal infection. The mother was 40 years of age; a year previously she had had a cancer removed from the breast and this had returned during the course of her fourth pregnancy. Her three previous gestations had been normal. The infant weighed at the time of birth only 2300 grammes, and measured 43 cms. in length. The infant's temperature oscillated between 33 and 35.8 degrees, rising a little when an eruption of vesicles and pustules appeared on the face and neck, and falling to 27.8 degrees on the evening before death took place. The daily loss in weight was from 14 to 16 grammes, and on the day of death the infant weighed only 1680 grammes, a total loss of 620 grammes. At the autopsy no naked-eye lesions were observed, but there was a

distinct loss in weight in several of the organs, especially of the liver. The hepatic capillaries showed under the microscope marked dilatation and at places they had given way forming small hemorrhagic foci. Further, nearly all the capillaries were full of streptococci, and here and there they invaded the intercellular spaces. The kidney was less profoundly altered, but the tubular epithelium showed numerous streptococci. In other organs, the vessels contained also the streptococcus, and the condition was therefore one of general streptococcic infection with special localization in the liver. Here it may be supposed that the body cells of the offspring of a mother markedly cachectic were in a defective state, and that this led to hypothermy. This, in its turn, diminished the powers of resistance of the organism against germs by rendering the phagocytes more torpid and the secretions less bactericidal (by lessening the alkalinity of the plasma and leading to the accumulation of acids in excess). In some such way the soil was prepared for the microbic invasion.

Transmission of the Tubercle Bacillus Through the Placenta.—Auché and Chambrelent (*Arch. de méd. exper. et d'anat. path.*, vol. xl., p. 521, July, 1899) have met with a new and completely proven case of congenital tuberculosis. This makes twenty cases in all in which the proof has consisted in the discovery of the tubercle bacillus of Koch in the histological lesions of tubercle or in the results of inoculations into animals done with aseptic precautions or in both these tests combined. The reported cases in which such proof was not forthcoming must be excluded from the list of established instances of congenital tubercle. Of the twenty cases eight, including the present observation, showed distinct tubercular lesions, while twelve did not. The mother, a woman 40 years of age, was in an advanced stage of pulmonary phthisis when she prematurely gave birth to a living female infant and died three days later, and at the autopsy tubercular processes were found not only in the lungs and pleura but also in the liver, spleen, intestine, mesenteric glands, and kidneys. The ovaries, tubes, and uterus were healthy, and there was no peritonitis. The infant lived for twenty-six days and then died without having had any marked symptoms; it had been in the couveuse all the time. At the post-mortem no peritonitis was found and the intestinal tract showed no tubercular lesions, such as ulcers. In the liver, however, were numerous yellow

granulations, and in the spleen they were almost as abundant, while in the lungs were grey transparent granulations in relatively much smaller numbers. The microscopic examination revealed an excessive number of tubercles in the liver, some caseated at the center, along with an enormous quantity of the bacilli of Koch. The spleen was even more markedly tubercular, but the kidneys were not so much so. Very many bacilli were found in the pulmonary alveolæ. Tubercular endocarditis in the right ventricle was discovered by means of the microscope. The placenta showed many tubercular granulations, some caseous at the center and others not; the villi were in places almost unaltered, in others they were lost in the caseous portions; some giant cells were seen; and the bacilli were present in considerable numbers, although they were not so enormously numerous as in the fetal organs. Three rabbits inoculated with fragments of the liver, spleen, and lung, all died of generalized tubercle with numerous bacilli in the lesions. A guinea-pig inoculated with a piece of placenta under the skin also became tubercular, while 2 cb. cms. of blood from the umbilical cord injected into the peritoneal cavity of another guinea-pig led ultimately to tubercular peritonitis and to the dissemination of tubercle in the mesenteric glands, liver, spleen, and lungs. From all these facts it seems clear that this was a case of congenital tuberculosis which had been transmitted from the mother to the fetus through the placenta. That such cases are rare must be ascribed to the fact that Koch's bacillus does not live in the blood-stream and that only in exceptional cases, as when the tubercular process becomes generalized, do the bacilli have a chance of passing through the maternal blood to the placenta and so to the fetus. When, however, the fetus is reached, it is perfectly clear that its organs are not at all a bad soil for the growth of the bacilli, for they were found in enormous numbers in this case; indeed, it was noted that they were as numerous as in the most virulent forms of avian tuberculosis. In structure, the lesions of fetal tubercle showed no giant cells at any rate in the case of Auché and Chambrelent; the center of the tubercle was caseous and was occupied by epithelial cells. In distribution, the bacilli evidently followed the blood-stream passing from the maternal part of the placenta through the vessels of the villi and the umbilical vein to the liver, spleen, and heart of the fetus and thence to the other organs.

Antenatal Predisposition to Deafness.—E. Allen Fay, in his work entitled *Marriages of the Deaf in America* (Washington, 1898), specially treats of the probabilities of the production of deaf offspring as the result of marriages among the deaf. He finds that there has been an increase in the number of marriages of deaf persons in the present century in America, accounted for partly by the establishment of schools for the deaf and partly by the existence of a deep feeling of fellowship and sympathy between the deaf. These marriages have been somewhat less productive than others, but the difference is not great. On the other hand, deaf offspring are far more likely to occur in the families resulting from such unions than in those where the parents are hearing. Nearly 10 per cent. of marriages between the deaf result in the birth of deaf offspring. Further, the proportion of deaf children born therefrom is 8.6 per cent., instead of probably about .1 ($\frac{1}{10}$ per cent.) in ordinary marriages. Congenital deafness itself is a *prima facie* indication of deaf offspring, but it is not conclusive evidence of such liability; indeed, the possession of deaf relatives is shown by Dr. Allen Fay to be a far more trustworthy indication of the liability to have deaf children. If the parents (or one of them) be congenitally deaf there is a greater liability to the production of deaf offspring than if they (or one of them) are adventitiously deaf; further, the liability is greatly increased by consanguineous marriages. With regard to this last-named point Allen Fay says: "It is exceedingly dangerous for a deaf person to marry a blood relative, no matter what the character or degree of the relationship may be, and no matter whether the relative is deaf or hearing, nor whether the deafness of either or both or neither of the parents is congenital, nor whether either or both or neither of them have other deaf relatives." In fact, out of 31 such consanguineous marriages, 14 or 45 per cent. resulted in the birth of deaf offspring, and of the 100 children that resulted from these unions, 30 or 30 per cent. were deaf.

Congenital Naso-Frontal Cephalhydrocele.—V. Carvallo Elizalde (*El Progreso medico*, Santiago de Chile, ix., p. 101, April, 1899) has had to deal with two cases of cephalhydrocele, one of which was congenital and the other traumatic. The former alone concerns us here. It was the case of a little girl, one year old, an illegitimate child, who was born with a tumor the size of a nut growing at the root of the nose. The tumor was now as

large as an orange. There was no discoloration of the skin covering it; it was slightly fluctuating, tense and irreducible. When dragged upon, deviation outwards of the eyes was produced (apparent strabismus). There was a defective development of the nasal process of the frontal and of the neighboring parts of the same bone. The tumor was diagnosed as a cephalhydrocele. The deformity was great, so immediate operation was decided upon. Aspiration of the clear albuminous fluid from the swelling was soon followed by its reaccumulation. The skin and the sac were then resected, the frontal periosteum was raised and the openings in the cranium closed therewith by means of sutures. Some cerebro-spinal fluid came away between the sutures, but the frontal opening was definitely closed. Later the swelling began to appear again, this time on the dorsum of the nose. A second and a third operation, performed some time afterwards, had the same result; but the tumor did not attain to large dimensions, and it was hoped that the development of the bones would finally close the opening.

Hyperkeratosis Diffusa Cogenita.—Anton Wassmuth (*Beiträge z. path. Anat. u. z. allg. Path.*, xvii., p. 19, July, 1899) has met with a case of hyperkeratosis diffusa congenita or, as it is more commonly called, congenital ichthyosis. It was that of a full time female infant, the offspring of parents who were marked cretins. It presented as a breech and was still-born, but was resuscitated and lived for thirty hours. The autopsy showed that the lungs were atelectatic and all the organs were markedly congested; the mucous membranes were nowhere thickened, and the brain, spinal cord, and great nerves exhibited no naked-eye changes. The surface of the body was divided into irregularly sized, hard, yellowish-white plates by numerous furrows varying much in depth and breadth. The smaller plates were found in the neighborhood of the chin, neck, and inguinal regions, while the larger ones were on the chest and back. Their surface was smooth and leather-like, and their margins had blunted angles. The furrows had a reddish color, and the deeper they were the brighter was their color; some of them were so deep as to reach the subcutaneous tissue, and these were usually found on the flexor aspect of the joints; their direction on the trunk was mostly circular; on the top of the head they were radially arranged, while on the extremities a longitudinal direction prevailed. Furrows

were absent from the hands and feet. The normal appearance of the external ears was quite lost; they were represented by irregular knobs. The external auditory meatus was almost hidden and was much narrowed. The conjunctiva of the eye and eyelids was prominent owing to the eversion of the palpebra. The mouth also and anus were widely gaping. Wassmuth gives a very complete description of the microscopic appearances of the skin; but reference can only be made to a few of the points. The panniculus adiposus was well developed, and the number of sweat and sebaceous glands was much above the normal. The papillary layer of the skin all over the body showed an enormous increase in the number of the papillæ, and everywhere there was great diversity in their length and breadth—a character not usually found in the skin of the new-born. In the interior of the papilla was a network of distended capillaries. The most marked changes were seen in the epidermis. The stratum mucosum, instead of measuring from 22 to 34 micro-millimeters, had a thickness of from 34 to 47; further, there were from 5 to 7 rows of cells instead of from 3 to 5. The thickness of the stratum corneum was most remarkable; instead of a normal thickness of from 34 to 47 micro-millimeters it reached the enormous measurement of from 400 (on the chest and abdomen) to 700 micro-millimeters (on the head, palms and soles). The normal number of hair follicles was present, but only the hairs of the scalp had succeeded in piercing the thick horny layer of the integument, the lanugo hairs being poorly developed. The sweat glands were normally formed, but their ducts were greatly increased in length. The sebaceous glands were increased in number, and their ducts showed a widening and were lined with a very strongly marked horny layer.

Case of Gastroschisis (Exomphalos).—H. Lockwood and C. Addison (*Quarterly Med. Jour.*, Sheffield, England, vii., p. 231 April, 1899) describe a case of labor in which the exomphalic fetus presented by the protruding abdominal viscera. The exomphalic organs were snipped off, and then the presentation changed spontaneously into a right shoulder. The breech could be easily reached, and the fetus was thus extracted. The herniated abdominal organs were the liver, stomach, the whole of the intestinal canal down to the rectum, the pancreas, the right kidney and supra-renal body, the spleen and the left supra-renal body. The

cecum was situated in the middle line, and there was persistence of a single peritoneal stalk for the gastro-intestinal canal. The diaphragm was intact. The freer movement of the intestines thus permitted may possibly have been the cause of the persistence of the umbilical opening, but of course this cannot be affirmed.

Experimental Production of Tumors by Implantation of Embryonic Tissues.—Birch-Hirschfeld and S. Garten (*Beiträge z. path. Anat. u. z. allg. Path.*, Vol. xxvi., p. 132, 1899) have in a small proportion of cases succeeded in producing neoplasms in adult animals, such as rabbits, fowls, frogs and salamanders, by the implantation of finely divided pieces of embryos in the liver. In some instances the tumor-like new formation consisted only of cartilage, but in others it contained tissue of an adenoid nature, epitheloid cells and pigment-like cells. The results, however, were not permanent, for in some weeks or months the growths became encapsuled, retrogressive metamorphosis set in in the tissues composing them, and finally absorption took place. The growth, therefore, of the embryonic tissues was only a temporary matter. Some of the negative results were interesting: thus, in the case of two rabbits, the injection into the liver of pieces of kidney, cartilage, decidua, and eye pigment from nearly full-time embryos resulted in nothing save the production of some necrosis and atrophy of the hepatic cells and some isolated cicatrices in the liver.

Intra-Uterine Transmission of Vaccinal Immunity and of the Anti-Virulent Property of the Serum.—Béclère, Chambon, Ménard and Coulomb (*France méd.*, An. xlv., p. 486, August 4, 1899) have recently communicated to the Académie des Sciences of Paris the results of experiments on the transmission of vaccinal immunity through the placenta. The researches were carried out upon 65 women and 65 new-born infants at the Maternité de l'hôpital Saint-Antoine under the charge of Dr. Bar. At the birth of each infant some blood was obtained from the maternal uterus and some from the placental end of the umbilical cord, and in the serums from these two parts of vaccine of known virulence were immersed for forty-eight hours. Then two small quantities of the vaccine thus treated, along with a part which had simply been immersed in normal saline solution, were inoculated below the skin of a heifer. Seven days later the examination of the

three groups of eruption enabled one to state the presence or absence in the serums in question of an anti-virulent action upon the vaccine, and when this action was manifest it permitted the anti-virulent power of the two serums to be compared and measured. Sixty-five heifers were employed. Each infant on the day of birth was inoculated on the arm with vaccine of known virulence, and the mother was inoculated at the same time with the same vaccine; seven days later the results in both were noted and compared with the anti-virulent power of the two serums. All the mothers had been previously vaccinated—some during the pregnancy, some at a date anterior to it. The results of these ingenious experiments were as follows: Immunity with regard to vaccinal inoculation was observed only in those new-born infants whose mothers had themselves this immunity. The intra-uterine transmission of vaccinal immunity was not observed in all the women who possessed this immunity at the time of labor, but only in a small number of them; it was observed exclusively among the women whose blood (anti-virulent with regard to the vaccine) had transmitted through the placenta its anti-virulent properties to the blood of the fetus. The intra-uterine transmission of vaccinal immunity may be observed among women whose serum is anti-virulent, whether they were vaccinated during or at any date before the pregnancy; on the contrary, it was not observed in women whose serum was not anti-virulent, although they had been vaccinated during or before the pregnancy, even if only a few weeks previously. The passage therefore of the anti-virulent substance from the maternal blood through the placenta to the fetal blood was a necessary condition of congenital immunity. This necessary condition, however, was not sufficient; for among the new-born infants whose serum was anti-virulent there were some who could be inoculated with success. In new-born infants with anti-virulent serum the great or small anti-virulent power was an important factor in the success or failure of vaccinal inoculations. Generally speaking, the more anti-virulent the serum the greater the chance of the failure of vaccinal inoculation practiced after birth.

LA GRIPPE; ITS MANIFESTATIONS, COMPLICATIONS AND TREATMENT.

BY W. W. GRUBE, A.M., M.D., OF TOLEDO, O.

Professor of Physiology and Clinical Medicine, Toledo Medical College, Toledo, Ohio.

Professor Grube sees no reason why the intelligent observer need err in his diagnosis of la grippe; he believes that the intensity of the catarrhal symptoms, the great prostration, and tardy convalescence form a typic clinical picture. Though the catarrhal symptoms are usually limited to the respiratory mucous membrane, they are not always so, and in the writer's experience the invasion of the mucous membrane of the digestive tract has been quite frequent. Not alone mucous membrane, but a part or all of the cerebro-spinal axis has been invaded.

In many cases the so-called complications are simply an extension and aggravation of the catarrhal or inflammatory condition; thus an extension of the usual inflammatory condition of the throat through the Eustachian tube produces middle-ear complications; the bronchitis, too, may extend and become capillary, or even a pneumonitis may result. So we believe that in the so-called abdominal form with severe gastro-enteric catarrh, it may extend by *contiguity* and inaugurate a general peritonitis. Upon this theory alone can we explain the super-vention of a severe general peritonitis in a case under our care, now happily terminating in convalescence.

The patient was a girl of eleven years, who had never been seriously ill before. Twenty-four hours after the illness began, she had, besides the usual alarming symptoms of la grippe, a high temperature, a wild delirium, constant emesis, frequent and copious discharge of feces and urine. The appropriate remedies were prescribed, the vomiting ceased and she rested; but on the third or fourth day she developed symptoms of peritonitis, abdominal pain, hardness and some tympanites, etc. Calomel was prescribed, twenty grains divided into four powders, one every three hours; also the usual turpentine stupes, morphia to quiet pain, etc. The next day, finding no improvement, but rather aggravated symptoms, green vomit, bowels not moved—a very gloomy prognosis was given, and at the family's request a consulting physician was called, who concurred in diagnosis and prognosis, and had nothing more to suggest. On the writer's

return in the evening, however, he decided, in view of the great mortality of these cases by the routine treatment, to try the local application of a mustard poultice; also, for their germicidal, antiseptic and healing qualities, he gave internally hydrozone diluted, in frequent doses, alternating with doses of glycozone. In twenty-four hours there was slight improvement. In forty-eight hours the patient was decidedly better. Improvement continued, and the girl was so well February 21st that she was dismissed as cured.

Perhaps the most common complication in children is the middle-ear inflammation caused by extension of the pharyngeal catarrh up the eustachian tube into the tympanum. In the case of a child six months old, recently under our care, we had a middle-ear complication, in which the pain was controlled by the usual methods and by the instillation into the aural canal of a few drops of cocaine solution. After suppuration occurred, however, the canal was cleansed by hydrozone solution (warm), and a piece of absorbent cotton saturated with glycozone used as a dressing by inserting it into the canal. As the ear complications sometimes prove very serious, it is gratifying to know that in the above remedies we have a safe, speedy and effectual method of cure. We believe also that, if these cases were seen early, by proper treatment the extension and consequent complications might be prevented. In a little girl with severe tonsillitis and pharyngitis we are now spraying the throat with diluted hydrozone and applying glycozone with such marked benefit that on this, the third day of treatment, she is almost well.

In concluding Professor Grube states: "I cannot refrain from referring to the case of a prominent city official who had an unusually severe attack of la grippe. All the structures of the nasal cavities were involved in a severe acute catarrh, which progressed to the stage of suppuration. Enormous quantities of pus were secreted, and the location and intensity of the pain led us to fear involvement of the antrum. However, the free use of hydrozone solution by spraying, and the application of glycozone soon cleared up the cavity, and in a few days complete cure resulted."—Abstract from the *Journal of the American Medical Association*.

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EDITORIAL.

CRIMINALS IN THE MEDICAL PROFESSION.

The end of the century seems to be characterized by many unusual features, which vary from the grotesque to the horrible. It would seem that the unexpected is always happening, and a lack of motive characterizes human actions in a majority of the instances. This has been the case for centuries, and no one has ever felt competent to give an adequate explanation for the facts as they exist. The *fin de siècle* is seemingly characterized by violence and brilliancy, philosophy and debauchery, science and crime. We do not propose to endeavor to give any explanation for this anomalous state of affairs, not even that of events occurring in cycles or of history repeating itself. What we wish to call the attention of our readers to is the fact of the rather remarkable number of criminals in the medical profession which have recently sprung up and become notorious. The newspapers teem with the crimes committed by medical men, and we stand aghast at the remarkable fecundity manifested by degeneracy. These crimes vary from swindling and stealing to

murder, accompanied by more or less brutality. And when we speak of the medical profession we include medical students who are yet but neophytes in the art of medicine, but too often adepts in villainy and crime.

To the physician who pursues the even tenor of his way and attends to his professional duties conscientiously, who looks upon his calling as a sacred trust, such things are not only repellent, but inexplicable. To the student of human nature, its vices and foibles, its weaknesses and temptations, it would indeed be strange did not an occasional case arise. But, to the sociologist and psychologist some interesting problems present themselves, and he must fain resort to the rather lame theories of Max Nordau, who wishes to reduce all to one general law of degeneracy; or, if he will not accept this, find refuge in the cerebral anomalies, hereditary in character, advanced by Lombroso. On the other hand, the advocate of the doctrine of evolution will contend that environment is responsible for physical, mental and psychic changes in the individual. The large class who observe and are not philosophers will say that evil companions will corrupt good manners. And so on *ad infinitum*.

Be this as it may, there can hardly exist any doubt that education of the right sort tends to diminish crime. The proper appreciation of moral responsibility and the inculcating of true ethics and morality, by example as well as precept, joined with industry in the proper channel and honest work, can do much to prevent crime. The medical student, at the very threshold of his career, is soon imbued with the idea that a human life amounts to but little. His teachers but too often give him that impression. As he progresses he sees experiments carried out on poor unfortunates merely for the purpose of determining whether a certain dose is safe or an operation can be supported by a patient. When this student has graduated he watches his first serious case with much anxiety. He studies hard, oftentimes passes sleepless nights, and if that patient dies in spite of his best efforts a pang of remorse oft seizes the hapless young doctor. After a few years this feeling passes away. His patients die and he signs burial certificates with nonchalance. He has come to look upon a human life as a very small matter. *Facilis descensus Averno*—if the impulse exist and the tempta-

tion be great enough he will kill without the least compunction. He becomes a murderer and sleeps well after having "done a job."

Is there a cause for this unfortunate state of affairs? No doubt there is; yet it is hard to find. Is it because students do not receive a careful preliminary training, or, having obtained this, are not sufficiently imbued with the responsibility of their future calling by word and example? Are medical faculties derelict in not inquiring in a sufficiently-searching manner into the moral qualifications of their students? We have not the space at our command to enter into those questions, but they are certainly of sufficient importance to deserve some little consideration at the hands of the gentlemen who are empowered to furnish the right and power to others to engage in the practice of medicine. The medical profession cannot afford to have its members looked upon askance for the crimes of certain misguided individuals, either fledglings or full-fledged; and, at the present rate, physicians will no longer be only called legalized murderers, but they will be seriously suspected of being unhung assassins.

THE FUROR OPERANDI.

Surgery was at one time not so very remote looked upon as the art of treating surgical diseases; but of late years it is looked upon and practiced merely as the ability of cutting, eviscerating and dismembering human beings in as rapid a manner as possible with the least loss of life. The great object in surgery seems to be to establish a record. Desperate and but too often hopeless cases are undertaken to demonstrate the dexterity of the operator, and the verdict is the old saying, "The operation was a success, but the patient died." This is certainly not the object of surgery. If you cannot save your patient, let him die with the least pain possible. We certainly do not mean to intimate that all surgeons will operate whether there be a reason to justify an operation, nor that every case of belly-ache is called an appendicitis. But there exists a sufficient number who are ready to do this to justify the physician to assume the responsibility of deciding the question as to whether an operation should or should not be performed.

The craze to cut and operate has been much fostered by the

public. Whenever one of the laity sees a few drops of blood spilled he forthwith prides himself upon the fact that he has seen an "operation." The physician who did this is immediately lauded to the skies as a great surgeon, and receives a corresponding amount of adulation. This acts in such a manner that he begins to imagine himself a surgeon, and thereupon seizes every opportunity to spill blood. The habit grows upon him, and it is not long before he announces himself an operative surgeon. Such an evolution is rapid, and in order to keep up the factitious reputation so acquired a *furor secandi* seizes the unfortunate incompetent. Not only this, but the *furor operandi* accompanies the other, and we see the lurid pathway of the aspirant to the stars filled with the hapless victims of his knife.

The real surgeon who is capable is not pushed on by this madness. He operates when necessary, and when he does operate he demonstrates his skill, knowledge and ability without the need of having to resort to artificial methods to attain his end. He is conscious of his power, and makes it felt without an effort. He is not anxious to operate upon every case which presents itself, nor will he shirk the responsibility of an immediate operation, no matter how radical it may be, should it be necessary to perform it to save the life or limbs of a patient. The craze to operate is what has led to the prevailing ultra-radical methods so common at this day. Reaction is certain to set in, and the result will be the establishing of conservative surgery upon a firm basis. Then will the true functions of the surgeon assert themselves, among which not the least is to know when not to operate.

Doctors in Peru.—A correspondent of the *Chicago Record* says that in Peru, South America, American practitioners in both medicine and dentistry are much preferred by the populace, but the native practitioners, realizing this, make it as difficult as possible for foreigners to secure the right. No American diplomas are recognized, and the practitioners are required to speak the Spanish language. They are obliged too to pass a rigid technical examination, both written and oral. This is "protection," and an application of the theory that is not relished by Americans who visit that country.—*Peoria Med. Jour.*

MEDICAL PROGRESS.

MEDICINE.

Insomnia in Pulmonary Phthisis.—Dr. E. S. Yonge of Manchester (*Scalpel*, May, 1899) states that trional appears to be a peculiarly suitable hypnotic for cases of phthisis, inasmuch as it exerts a specific inhibitory effect upon the night sweats of that disease. Although not capable in the severer cases of entirely checking the sweats, there was an appreciable diminution of the secretion, and in milder instances this symptom entirely disappeared. For this purpose trional should be administered in doses from 8 to 16 grains in a warm fluid, one-half hour before retiring. When physical pains were responsible for the insomnia, the addition of small quantities of heroin ($\frac{1}{2}$ grain) induced sleep within a short period. No distinctive unpleasant after-effects were noted, except that in cases where a tendency to constipation existed it appeared to become aggravated during the administration of trional. The author advises that during its continued employment some natural alkaline or mineral water should be given daily, and its use should occasionally be suspended for one or two days. In other conditions of sleeplessness the remedy also proved a hypnotic of real value on account of its prompt, certain and natural action, combined with an apparent innocuousness, an absence of cumulative or after-effects, or of any tendency to produce habituation.

Bovine Tuberculosis.—Dr. Irving A. Watson of Concord, N. H., read a paper at the late meeting of the American Public Health Association, at Ottawa, Canada, on "Some Observations From Practical Experience With Bovine Tuberculosis in New Hampshire," which was of great interest, and from which he made the following deductions:

(1) That it is impossible to eradicate bovine tuberculosis; but that it may, without inflicting too great a burden upon the State, be reduced to a degree that will subserve the interests of the stock raisers and likewise protect the public health; (2) that but a very small percentage of animals infected with tuberculosis in any way endangered the public health, and that the indiscriminate slaughter of the cattle reacting to the tuberculin test is

wholly unnecessary, inasmuch as many of them either recover or the disease is permanently arrested; (3) that a proper sanitary condition of stables and stable enclosures would do more toward preventing the spread of bovine tuberculosis than any other measure that could be adopted; (4) that the danger of infection from bovine tuberculosis may be reduced to very small proportions, if not wholly eradicated, by sanitary measures, inspections, and physical examinations by the State, in co-operation with local authorities; (5) that such inspections, once inaugurated, could be maintained without an expense that would be burdensome to the State.

Aseptic Vaccination.—Dr. Poeppelmann (*Deut. Med. Wochenschr.*, March, 1899) insists upon the following requisites for a perfect vaccination: (1) An animal lymph which is free from bacteria; (2) instruments made sterile by boiling; (3) the sterilization of the skin, preferably by a brisk rub with alcohol. This rapidly evaporates, and so does not interfere with the success of the vaccination. In fact, removal of the surface epithelium and the hyperemia produced by the rubbing favors the "taking" of the lymph; (4) the prevention of post-vaccinal infection, which is best accomplished by covering the wound with a celluloid capsule, made for the purpose; (5) rapidity of execution.

Anomalous Continued Fever.—In a communication to the *Medical News*, September 9, 1899, Dr. Jas. S. Turner writes:

"During the past year or two, especially in North Carolina, much has been said in regard to the existence of a type of continued fever different from malarial and typhoid fevers. The subject was before the last meeting of the State Medical Society, and the general opinion was that we find but two forms of fever, viz., malarial typhoid fevers. This opinion is hard for us, who have met many cases so different from the usual forms of these fevers, and with so very few characteristic cases of malarial or typhoid fever, to believe.

For the past five years in the town of High Point, N. C., with a population of 5,000, I have met many cases in which, owing to the lack of the usual symptoms of even mild typhoid fever seen in other localities, I have not been satisfied to accept this diagnosis; and owing to my inability to find any form of the malarial plasmodium, malarial fever was not an acceptable diagnosis; especially when the liberal use of quinine had failed to im-

press the disease. I have made Widal's test in many cases, and have never been able to obtain the characteristic clumping of the bacillus, nor has Dr. Messick of Baltimore, who has kindly made a number of examinations of blood from these patients, succeeded in finding any form of malarial germ. The usual symptoms in these cases are malaise, loss of appetite, tongue slightly coated, temperature from 100° to 103° F. Most patients when first seen have a tendency to constipation; but if allowed to eat solid food, diarrhea develops. The patients generally are free from fever in from three to four weeks, some in two. A very peculiar feature met with is that a large number of cases continue as long as twelve weeks before fever is gone; and many of these patients have gone through three attacks in three successive years. Some of them have refused to go to bed after the first attack, and have apparently progressed as well, or even better than those who did. I have seen these patients at all times during the attack, and at no time found them without fever. They have been carefully examined for diseases of the lungs, etc., but with negative results. No age seems to be exempt. I have seen it in children and aged alike. One lady seventy-six years old went through an attack of twelve weeks' duration. Treatment has no effect on the course of the disease. I have seen but one death among several hundred cases, and in this instance no post-mortem could be obtained.

Traumatic Rupture of the Heart.—Newton (*Medical Record*) was summoned to see a healthy man, aged twenty-eight years, who, while riding rapidly, was thrown to the ground by a break in the head of the bicycle. He apparently clung to the handles, and struck his chest with great force against a portion of the tubing attached to them. He staggered a few feet and then fell. He died in about ninety minutes. The skin was not broken, but showed the imprint of the broken end of the tube. The sixth costal cartilage was broken, and its outer fragment had been driven against the heart with sufficient force to make a triangular tear in the right ventricle near the apex. The pericardium was not ruptured. In the forty odd cases of traumatic rupture of the heart which have been reported, in almost every instance there has been disease of the heart. In such cases the force necessary to rupture the organ is very slight.—*Med News*.

THERAPEUTICS.

Dustals or Guaiacol Carbonate.—The drugs prescribed for tuberculosis are now so numerous that the more scientific must resort to feeding on air alone under the shadow of a big company concern. Still there are a few who cling to the real article yet and deprecate the company promoter as a charlatan. Eschle confidently believes in attacking the disease internally, and locates his operation to the correction of the alimentary canal. Some believe in the treatment of our ancestors, others are content with disinfecting the lung, others again would attack the blood, while Eschle assures us on scientific proof that no treatment of tuberculosis can be successful that does not aim at the first cause—viz.: the changes that take place in the bowel. He has devoted several years to the examination of the carbonate of guaiacol (Dustals) and concludes that it is the most effectual disinfectant of the alimentary canal extant, and therefore an antidote for tuberculosis. The advantage of guaiacol is that it plays a double part in disinfecting the blood as well as the contents of the alimentary tract by simply increasing the dose till the drug is eliminated by the rectum, which can be accomplished without danger, detriment, or any disadvantage to the patient. When given in small doses the drug is absorbed in sufficient quantity to disinfect the blood; but the bowel is not completely aseptic till the drug is passed unchanged.

Cures in abundance are adduced to prove the correctness of Freund's theory long since announced, that the low state of nutrition in consumptive patients is due to the decomposition usually present in the bowel which forms the pabulum and induces the growth of the bacilli in all tuberculous conditions.—*Medical Press.*

Treatment of Chorea by Massive Doses of Arsenic.—In a Paris thesis of July 19, 1898, Del Pozo records thirty cases of chorea treated by massive doses of arsenic. He considers that these massive doses are far superior to treatment by antipyrin as it is commonly employed, and states that there are two ways in which arsenic may be administered, namely, in small doses very gradually increased, and in large, massive doses rapidly increased up to the point of intolerance, or in other words, until the gastrointestinal canal of the patient rebels, as manifested by vomit-

ing and diarrhea. As soon as these symptoms are developed the dose is cut down day by day until one is obtained which the patient can bear. He asserts that such a treatment usually produces cure within nine days, and that accident from this method is rarely met with. Four cases of arsenical neuritis are reported. Arsenical fever is rare; sometimes arsenical pigmentation occurs, but this speedily passes away as soon as the drug is stopped.—*Revue de Thérapeutique Médico-Chirurgicale—Ther. Gazette.*

For Painful Dysmenorrhea.—The *Progrès Médical* for August 12th, citing *Presse Médicale*, attributes the following to Dalché:

R Ergotine	1 $\frac{1}{2}$ gr.
Sulphate of quinine	$\frac{30}{100}$ gr.
Powdered digitalis leaves	$\frac{15}{100}$ gr.
Powdered cocoa	q. s.

M.

For one pilule. From three to five may be taken daily.

Bromoform in Whooping-Cough.—Cohn of Hamburg (*Therapeutische Monatshefte*) uses the following prescription:

R Bromoform	7 $\frac{1}{2}$, 15 or 30 grains.
Solve in spirit. vini. rect. æqual partit. Tere exactissime cum.	
Gumm. Arab.	75, 150 or 300 grains.
Adde paulatim.	
Aq. destil.	3 $\frac{1}{2}$ ozs.
Syrup. aurantil cort	$\frac{1}{2}$ oz.
D. in vitro nigro.	

Sig. One teaspoonful to be given every two hours. The bottle should be well shaken before use.

This emulsion keeps for days without the bromoform separating, if prepared exactly as directed. Care should be taken that the bromoform is first of all dissolved in equal parts of alcohol free from water, in order to avoid the loss of bromoform by adhering to the glass; then the mixture should in three to six intervals be mixed with gum arabic, taking care that ten times as much gum is used as of bromoform; lastly, water is added very gradually, and the mass is stirred to a thick emulsion until the whole of the prescribed fluid has gradually been added. The syrup should be added after the emulsion is ready. Simple syrup should not be used on account of the already disagreeably sweet taste of bromoform with gum arabic. In dispensing for

the poor, simply four ounces of water may be added, and even then it is readily taken by children.—*Practitioner*.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

How to Remain Young.—This is a question that interests all of us. The *Medical Age* gives the following suggestions: To drink of the waters of the fountain of youth is still, in the opinion of some, within range of possibility. A recent writer observes that man began in a gelatinous condition and ends in an osseous or bony one. He is soft in infancy; he is hard in old age. Ageing is a process of ossification. After middle life has passed a more marked development of the ossific character takes place. The arteries become thickened with calcareous matter, and there is interference with circulation, upon which nutrition depends. The whole change from youth to age is one of steady accumulation of calcareous deposits in the system. Entire blockage of the functions of the body is a mere matter of time, and the refuse matter deposited by the blood through the system stops the delicate machinery we call life. The blood contains compounds of lime, magnesia, and iron. In the blood itself are these earthy salts. In early life they are thrown off; in age they are not. Almost everything we eat contains these elements for destroying life. Earthy salts abound in cereals, and bread itself, mistakenly called "the staff of life," is one of the most calcareous of edibles. Nitrogenous food also contains these elements; hence a diet made up of fruit is best for people advanced in years. The daily use of distilled water is, after middle life, one of the most important means of preventing secretions and derangements of health. Diluted phosphoric acid is one of the most powerful influences known to science for shielding the human system from the inconveniences of old age. Use it daily with distilled water, and so retard the approach of senility. To retain perpetual youth, avoid all foods rich in the earth's salts; use much fruit, especially juicy uncooked apples, and take daily two or three tumblerfuls of distilled water with about fifteen drops of diluted phosphoric acid in each glassful. Thus will our days be longer in the land.

Cyanide Poisoning.—Hydrogen peroxide was successfully used by Dr. J. Loevy, of Johannesburg, South Africa, in cyanide poisoning. In the gold-mining regions of the Transvaal

occasional cases occur, though not as many as might be expected, considering the amount of potassium cyanide used. Dr. Loevy calls attention to Kobert's theory that poisoning of this kind is due to the robbing of the red blood-corpuscles of their oxygen by the hydrocyanic acid. Practically, he has shown that two per cent. solutions of hydrogen peroxide when subcutaneously injected in cyanide poisoning are an almost infallible means of restoring the patient, if given immediately or very shortly after the introduction of the poison. The doctor advises that wherever potassium cyanide or prussic acid is used a hypodermic syringe and a quantity of pure hydrogen peroxide in distilled water be kept on hand and that the workmen be instructed how to prepare and use the solution when an accident occurs.—*Merck's Archives*.

Death in Consequence of Prolonged Laughter.—Wachholz (*Przegląd lekarski*) relates the case of a peasant girl, 18 years old, who was seized in a field by two fellows and tickled violently on the breast. She died as a result of laughter produced by the tickling. The author explains the occurrence of death from laughing as follows: Laughter consists of an inspiration followed by short and more or less deep expirations. In forcible expiration the abdominal muscles contract and compress the intestines and the diaphragm. Long-continued pressure on the diaphragm acts upon the vagus and diaphragmatic nerves, exciting them and finally paralyzing them. We are not convinced that this is an altogether satisfactory explanation. Certainly the mechanism of death from laughing, if it ever occurs in a healthy person, is worthy to be studied by the physiologists.—*N. Y. Med. Jour.*

Two Cases of Fatal General Phagedena.—Mr. Walter G. Spencer reports the following cases at the Westminster Hospital, of London.

CASE I. was that of an unmarried man, æt. 61, who had not drunk excessively, and in whom evidence of syphilis was limited to a superficial ulceration of one eyelid. The disease had been inoculated a week before and gangrene had extended to the external genitals, perineum and lower part of the abdomen, as well as perforating the anterior wall of the rectum. The gangrenous parts were removed and strong antiseptics used, with the result

that healthy granulations covered the whole surface, and recovery seemed almost possible, when slight signs of broncho-pneumonia appeared, and the patient died on the tenth day, 2½ weeks from the date of infection. No other disease was noted.

CASE II. was that of a woman, æt. 35, who had had years before pelvic inflammation of venereal origin, but for the previous year had felt quite well. A fortnight before admission signs of severe pelvic inflammation reappeared, with a foul, blood-stained vaginal discharge. During a month in hospital the vaginal discharge became less, and she was then operated for double pyosalpinx by laparotomy. Owing to dense pelvic induration and adhesions, the whole of the distended tubes could not be removed. Extremely foul pus escaped. The pelvis was plugged with gauze. For the first week the patient did well, only a little foul discharge escaping. Then menstruation, which had been absent beforehand, came on, the pelvic inflammation lighted up, and the abdominal wound, which had previously been healing, was infected from within, and each gaping surface was found to be covered with phagedena. By vigorous treatment this was arrested on the surface, but progressed in the pelvis until the small intestines were perforated, and feces were freely discharged for the last two days. The patient died on the fifteenth day after the operation. The phagedenic process had extended to the uterus, but not to the vagina. The coils of intestine in contact with the pelvis and abdominal wound had been invaded. The rest of the peritoneal cavity was free, and no other disease was found post-mortem.

Mr. Spencer finally referred to the progress which had been made in connecting phagedena with the presence of a peculiar bacillus.—*Medical Press and Circular*.

DISEASES OF WOMEN AND CHILDREN.

Extreme Anemia After Post-Partum Hemorrhage, Treated with Nucleo-Albumens and Bone-Marrow.—Dr. C. F. Bachman says: The prompt and decisive results obtained in the following case of anemia, secondary to a severe post-partum hemorrhage, induce me to report it for publication.

Mrs. O. T., white, aged 23, primipara, weight 145 pounds; passed successfully through the ordinary diseases of childhood, and two years ago I treated her during an attack of typhoid fever

from which she completely recovered. About a year ago she became pregnant. The course of pregnancy was normal, with the exception of a slight edema and a varicose condition of the veins of the lower extremities. On January 2, 1899, she was taken in labor. Position, R. O. P. Owing to an excessively large head, I was obliged to apply the forceps without anesthesia. The placenta was firmly adherent, and, after an hour's wait, was delivered by hand. Scarcely had the placenta been delivered when a frightful hemorrhage occurred. I scooped out all clots and fluid blood, and controlled the hemorrhage by injections of hot water, compression and tamponage. So much blood had been lost as to cause a sub-normal temperature and a small, weak pulse of but 32 to the minute; extreme anemia, great shock and prostration, thirst, sighing respiration, etc. I administered strychnine sulph., gr. $\frac{1}{16}$, hypodermically; also brandy and ext. ergot. The hemorrhage occurred at about 8 A.M., and by noon the patient had revived to some extent, but was suffering from nausea and occasional vomiting, for which I prescribed liquid peptonoids and elixir lactopeptine with good effect.

January 3, I found the patient somewhat improved, but very weak and almost bloodless, her lips being literally "as white as snow." I then ordered hemaboloids (a preparation of the iron-bearing nucleo-albumens of the vegetable food stuffs, reinforced by bone marrow, beef peptones and nuclein) \mathfrak{z} ij., every three hours; also stimulants and a nourishing liquid diet. The excellent results obtained from this treatment are best shown by the following table:

	Weight. Lbs.	Hemoglobin. Per Cent.	Red Blood Cells.
January 3.....	135	61	3,450,000
January 7.....	138	66	3,509,000
January 14.....	140	71	3,760,000
January 21.....	140½	76	4,005,000

I did not see the patient again until Feb. 12, when she appeared well and strong, and, to use her own words, felt "tip top." Weight, 140 pounds (the slight decrease probably due to excessive nursing); hemoglobin, 81½; red cells, 4,210,000. Patient was last seen a few weeks ago, and was in first-class condition. Considering the profuse hemorrhage and the extreme secondary anemia, the result in this case was indeed satisfactory.

I have prescribed this preparation quite extensively, and find it of great merit as a readily assimilable tonic in anemia, from whatever cause—chlorosis, convalescence, etc.

Since this case I have used hemaboloids in several other cases of convalescence from labor with gratifying results.—*The Medical Council*, July.

A Case of Tubal Abortion.—Dr. J. Wesley Bovée reports the following: Mrs. W., white, married three years, and aged 24 years. She had never been pregnant. He had had her in his care since the summer of 1897. In April, 1898, he performed curettage, and by celiotomy separated adhesions to and resected cystic ovaries, opened both Fallopian tubes and did ventro suspensio uteri for endometritis, retroversio uteri, double hydrosalpinx, and imprisoned appendages, accompanied by marked nervous symptoms.

Upon her recovery from this operation she was sent away from her husband into the mountains, from which place she returned November 18th. He saw her early in January for slight pains in the left side of the pelvis; she had increased in weight from 98 to 124 pounds, and had very markedly improved in every way except for the pain mentioned. She had menstruated regularly while absent and was flowing on her return, but had not menstruated since. An examination, together with his familiarity with the shape and size of the uterus gained from many examinations during the previous year, forced his conclusion that she was pregnant normally, corresponding to the period of amenorrhea, and that a small mass to the left was an ovary enlarged from cystic change, with a slight thickening of the tube, united to each other by mild adhesions.

A few hours later, while sitting by a table reading, she experienced a sudden desire to evacuate the bowels. Upon going to the closet the bowel did not move, and an enema was used, causing a fair bowel action and severe pain, which increased so notably and suddenly that she fell to the floor and was carried to her bed. I saw her a few hours later, when the pain was slight, the pulse and temperature normal, and no evidence remaining of this severe attack, other than a very much increased tenderness in the left side of the pelvis. Ruptured tubal pregnancy without severe hemorrhage was diagnosed, and a few days later an abdominal operation was done.

The left Fallopian tube was removed, together with a small portion of the corresponding ovary. The fimbriated end of the tube was expanded to a diameter of 4 cm. with a pregnancy, and the extreme distal end of the organ stretched, by efforts of expulsion, to resemble the cervix when dilated by a presenting product of interrupted conception. There was no evidence of hemorrhage or rupture of the mass. Recovery was normal.—

Va. Med. Semi-Monthly.

The Frequency of Contracted Pelves in the First Thousand Women Delivered in the Obstetrical Department of the Johns Hopkins Hospital.—Dr. J. Whitridge Williams (*Obstetrics*, May) concludes an article as follows:

1. In our material, the frequency of contracted pelves (13.1 per cent.) correspond very closely with the general average of frequency observed in Germany.

2. This is due, in large part, to the presence of a large black population in Baltimore, 469 out of our 1,000 cases being colored women.

3. Contracted pelves are 2.77 more frequent in black than in white women, and occur in 19.83 per cent. of the former and 7.14 per cent. of the latter.

4. The statistics of Reynolds Crossen and myself indicate that contracted pelves are observed in about 7 per cent. of the white women of this country, or about once in every fourteenth case.

5. Contracted pelves accordingly occur in our white women about as frequently as in many German clinics, notably Rostock, Breslau and Basel.

6. And occur quite as frequently as in Paris (Pinard and Budin), and more frequently than in Vienna.

7. As every fourteenth white and every fifth colored woman possesses a contracted pelvis, the necessity for routine pelvimetry becomes apparent.

SURGERY.

Surgical Treatment of Fibromata.—Prof. Schatau of Vienna, in a paper presented before the International Congress of Gynecology and Obstetrics last August, concludes (*Med. Press and Circular*) as follows:

1. Operative treatment for fibroid tumors is not legitimate ex-

cept when they are the cause of troubles that are not to be conquered by other means.

2. Vaginal total extirpation should be considered as the safest, and, in the long run, most successful operation. It should be performed in all cases when the tumor does not extend above the level of umbilicus, and when it can be easily drawn into the small pelvis.

3. For large, not easily movable tumors, wholly or partially intraligamentary, abdominal total extirpation should have the preference.

4. Supra-vaginal amputation with intra-peritoneal treatment of the stump gradually should be set aside in favor of abdominal total extirpation, although the immediate results of the former are sometimes more favorable; it has been proved that there are more chances for absolute recovery when no part of the cervix has been allowed to remain.

5. In emergency cases supravaginal amputation with extra-peritoneal treatment of the stump may be, as it affords facility for speedy and absolute extraperitoneal execution, an advantage not to be underrated in cases of extreme anemia, asphyxia, weakness of the heart, and suppuration or necrosis of the tumor.

6. Vaginal enucleation of the broad-based, submucous tumors, either by way of the dilated cervix, or by the vaginal fornix, after anterior or posterior colpotomy with or without opening of the peritoneum, should be only resorted to in cases where there are special indications. Myomata being generally multiple, it would not be likely that the operation would afford durable results, and therefore cannot be considered as less dangerous than the radical operation, with removal of the uterus.

7. Curettage should be looked upon as an uncertain mode of treatment, neither is it wholly free from danger, and should be limited to rare cases of beginning myomatous development.

8. Castration should be strictly objected to on the ground of its not bearing comparison with the radical operations with regard to reliability and immunity from danger. In quite exceptional cases, when it is not possible to perform supravaginal amputation with extraperitoneal treatment of the stump, it may now and then be resorted to.

9. It is not to be thought that the methodical use of forcipressure affords the patient advantages superseding the use of liga-

tures, except in so far as they facilitate a speedy operation in typical cases. In cases of emergency or danger their use is certainly to be justified.

10. The full value of drainage of the supravaginal wound for furthering throughout the chances of sepsis, and for the avoidance of exudation, in abdominal as well as in vaginal total extirpation, should be always kept in mind.

11. The question, if removal of the ovaries should be performed with vaginal or abdominal total extirpation, is not yet decided. "Ausfall-erscheinungen" (climacteric symptoms) have been observed either way.

If the ovaries are removed they appear immediately; if left back, after weeks and sometimes months.

Tubercular Peritonitis. — Dr. Andrew F. Currier of New York (*International Journal of Surgery*, July, 1899) writes as follows:

Tubercular peritonitis is an inflammatory condition of the peritoneum in which the tubercle bacillus is the infective agent. The bacillus may reach the peritoneum by way of other diseased tissues, through the medium of the blood or lymph (*e. g.*, from the pleura or pericardium), by direct extension from a tubercular process (*e. g.*, from a tubercular ulceration of the intestine), or it may come from without, being introduced into the vagina, and progressing thence to the uterus, Fallopian tubes, and peritoneum. The miliary tubercle may be limited to a small area of the peritoneum, or it may be disseminated over its entire surface. The deposit of the tubercle may be followed by spontaneous cure, or by infiltration, caseation, ulceration or suppuration, by thickening of the peritoneum by the exudation of plastic matter or the formation of fibrous bands. There is a dry and a moist form of the disease, in the dry form there is no secretion of fluid within the abdomen, in the moist form there may be an abundance, and it may be either serous or purulent.

If the disease remains a local one it tends to recovery either spontaneously or after surgical interference. If it is a portion of a general process or is communicated to other portions of the body, it will usually result fatally like other diffuse tubercular processes. The surgical treatment, which is a matter of recent discovery and application, and consists mainly in exposing the peri-

toneum to air and light by means of a free abdominal incision, may be considered one of the beneficent results of modern gynecology. It was not until 1862 that Sir Spencer Wells stumbled upon this method of treatment. He opened the abdomen, expecting to find an ovarian tumor, but found instead an accumulation of ascitic fluid and a peritoneum covered with tubercles. The abdomen was closed, and he was probably greatly surprised that the patient recovered from the operation, and from her bad symptoms as well. In 1885, when the third edition of his book on tumors of the abdomen was published, this patient was still living and in good health, twenty-three years after the performance of the operation.

General Septic Peritonitis.—A. J. McCosh states that the use of sulphate of magnesia—one to two ounces in saturated aqueous solution injected into the small intestine during laparotomy for general septic peritonitis—is a valuable addition to the usual method he has employed. The steps of his technique are as follows:

1. Chloroform narcosis.
2. A free incision—five to six inches.
3. Usually evisceration.
4. Removal of the cause of peritonitis.
5. Irrigation with salt solution at 110° to 112° F.
6. Sulphate of magnesia solution injected into the small intestine.
7. Drainage.
8. Partial closure of wound.

As to after-treatment, he gives ten grains of calomel supplemented by rectal stimulation.—*Annals of Surgery*.

Dangers of the Bottini Operation.—Dr. Willey Meyer (Reprint from the *Medical Record*, January 14) states that the operation is certainly not entirely void of danger, as has been repeatedly mentioned before. This drawback, however, it has in common with all other operations so far devised for this trouble. Its two principal dangers are, first, sepsis or pyemia, and second, embolism of the pulmonary artery or its branches. In the first case streptococci enter the circulation by way of the kidneys or from the proximal pole of the thrombus or thrombi which have formed in the prostatic veins. And in the second, far-reaching

thrombosis within the prostatic venous plexuses and within the interior iliac or common iliac vein having occurred, a part of this thrombus by some unfortunate cause is torn loose and thrown into the circulation.

The future must show how these dangers may be reduced to a minimum, or even be entirely averted. At present, it would seem we are justified in stating that the larger the prostate, the greater its blood supply, especially the more enlarged its venous plexuses, the more pronounced the purulent catarrh of the prostatic urethra as well as of the bladder and even of the pelvis of the kidney—the more dangerous is the operation. In other words, the smaller and less succulent the prostate, the more normal the bladder and upper urinary tract, the less is the risk.

GENITO-URINARY DISEASES.

Scientific Treatment of Gonorrhea.—Valentine has published an article upon "Chronic Gonorrhea," of which the following is a summary (*Medical News*):

1. There are no incurable cases of chronic urethritis.
2. All drugs suggested for the treatment of chronic gonorrhea are soon relegated to merited oblivion.
3. The only efficacious method of treating chronic gonorrhea is by dilations, as proposed by Oberländer, followed by irrigations, without a catheter, of the urethra or bladder, or both.
4. Urethral fever or other disturbance does not supervene after urethral instrumentation, followed by irritation.
5. Carefully conducted dilations and irrigations are not painful.
6. Gradual, careful pressure by dilators is preferable to the use of sounds in the majority of cases.
7. The effect of dilation is to stimulate absorption of the infiltrations.
8. Functional disturbance and nervous symptoms are improved very early in the treatment.
9. Chronic urethritis can be exceptionally diagnosed and successfully treated, but never pronounced cured without aid of the urethroscope.

A Fatal Case of Gonorrhea.—Gohn and Schlagenhauser (*Wien. klin. Woch.*) record the case of a young girl who, when admitted into hospital, had been suffering for four weeks with pains in the limbs and the symptoms of influenza; four days be-

fore admission she had begun to have rigors, which were still continuing. On examination it was found that she had acute gonorrheal inflammation of the urethra and Bartholin's glands. Intermittent fever developed, and six days later there was sudden pain in the right foot, which became cold and bluish, while the sensibility of the whole limb was diminished. This became steadily worse, and in five days more the foot was gangrenous. The heart sounds had been previously obscured by murmurs, but now became audible, and enabled the murmurs to be recognized as mainly systolic and most marked at the base on the left side. The patient became rapidly worse, and died next day. At the necropsy it was found that ulcerative endocarditis had attacked the aortic valves, and that septic abscesses were present in the myocardium; the heart was secondarily dilated and hypertrophied. The gangrene of the foot and leg was the result of an embolus in the femoral artery. There was an abscess in the peritoneal covering of the posterior wall of the uterus. The gonorrheal process had affected the urethra, the vagina, and the cervical portion of the uterus. There was parenchymatous degeneration of the liver and myocardium, together with edema of the lungs. In the heart lesion gonococci were found, and the endocarditis was thus obviously gonorrheal. It is very noticeable that many of the ordinary signs of malignant or pyemic endocarditis, such as septic emboli and enlargement of the spleen, were absent, as also was the typical gonorrheal joint affection. The bacillus was tested by cultivation, and eventually by introduction into the human urethra; it was not present in the embolus, but was found in the retro-uterine abscess. The urethra contained a large number of small, highly vascular polypoid excrescences, developed from the subepithelial connective tissue; these are common in subacute and chronic gonorrhea. The point of entry of the infection into the blood or lymphatic system could not be determined.—*British Medical Journal*.

Recurrent Gonorrhea.—Dr. F. C. Valentine states (*Atlanta Medical and Surgical Journal*) the principal causes of this condition, which he enumerates as follows: 1. Marital reinfection. 2. Infection of crypts, glands, or follicles of the anterior urethra. 3. Chronic residual posterior gonorrheal urethritis. 4. Gonorrheal prostatitis. 5. Seminal vesiculitis. Any two of these or all these causes may, in the opinion of the writer, be united in

one case. In a resumé the writer declares that: 1. Cessation of the symptoms does not prove that the case is cured. 2. No female cured of the evidences of gonorrhea should be dismissed without proving that the apparently normal urethra, Bartholin's glands, the cervix and the submucous tissues (especially those of the cul-de-sac) are free from gonococci. 3. No male should be dismissed from treatment until it is definitely ascertained that his urethra, seminal vesicles, and prostate are free from the disease. 4. The methods of securing positive evidence of the cure of gonorrhea are within the general practitioner's reach.

Treatment of Posterior Urethritis.—Dr. A. Ravogli of Cincinnati, in the *International Journal of Surgery*, March, recapitulates the treatment as follows:

1. Irrigations with the Janet method in a recent case of gonorrhea will in many cases prevent posterior urethritis.
2. Irrigations with the recurrent catheter with permanganate of potassium, followed by injections of protargol, will cure in a relatively short time a case of subacute posterior urethritis without complications.
3. When chronic posterior urethritis lasting for a long time has caused infiltration of the submucous tissues, then the application of a sound with ichthyol salve gives the desired results.

DERMATOLOGY AND SYPHILOLOGY.

The Hypodermic Use of Mercury in Syphilis.—Dr. S. S. Jones (*Journal of Cutaneous and Genito-Urinary Diseases*) presents a few practical observations based on personal experience in private practice, and gives the results of his endeavor to rid the method of its most objectionable feature, namely, its tendency to occasion pain, inconvenience, and even great suffering. He had been inclined to look unfavorably upon the method from considerations of pain and annoyance, until he came to face the necessity for its use in a critical case of brain syphilis, which led him to seek some method for lessening its disadvantages.

For convenience in use, the author had a tablet made containing bichloride and sodium chloride, of each one-fourth grain, cocaine one-sixteenth grain, which he found could be readily serviceable and at hand.

The author believes the method superior to others: (1) where danger threatens organs whose functions are vital or important,

as lesions of the brain, heart, eye, or ear; (2) in ulcerations resembling tubercular or malignant disease, especially of the tongue; (3) in those cases where other methods are not tolerated or when time is valuable.

The injection should be made into muscle, the needle being washed after charging syringe. The author, however, has found it not always possible to inject into muscle, and has found no ill-results from injection into the subcutaneous cellular tissue. He believes the most eligible sites to be in the cellular or muscular tissue between the scapula and the iliac crests.—*Med.*

A Quinin Wash for the Scalp.—The *Indiana Lancet* quotes from the *Revue de Thérapeutique* the following prescription, which has been used with satisfaction to prevent the falling of the hair:

R Hydr. chloride of quinin.....	31	(℥j.)
Tannic acid.....	90	(℥iij.)
Alcohol (70 per cent.).....	720	(℥½ pints.)
Tincture of cantharides.....	77	(℥iiss.)
Pure glycerin.....	77	(℥iiss.)
Eau de Cologne.....	311	(℥x.)
Vanillin.....	13	(gr. 2.)
Powdered sandalwood.....	31	(℥j.)

This mixture, after being well mixed and shaken, is allowed to stand for four days and is then filtered. It is rubbed into the scalp daily for the purpose named.—*Jour. Amer. Med. Assn.*

Silver Nitrate in Ringworm.—Ringworm of the scalp has been treated with excellent results by Lyle (*Lancet*) with a solution of silver nitrate. Having become tired of the various salves, ointments, oils, etc., which he had been accustomed to use with indifferent success in this intractable disease, he finally chose two of the most chronic cases he could find and undertook an experiment upon them. He shaved and washed the heads, scraped each patch with a Volckmann's spoon, and then, by means of a piece of cotton-wool rolled round the end of a glass-rod and tied there, he applied a solution of silver nitrate in alcohol, containing 1 dr. of the salt to an ounce of the solvent. He made such an application twice a week, each time removing the black surface, thoroughly rescraping with the spoon and then rubbing in the solution. The smarting was slight and only lasted a short time. An oil of oleate of mercury containing 5 per cent. was rubbed into

the whole scalp night and morning. Although nearly the entire scalp was invaded with scabs, in these two cases, after fourteen weeks' treatment, one was quite well and the other nearly so. In a number of milder cases he found the improvement prompt and remarkable. He states that in cases of alopecia areata if mistaken for tinea the treatment is not likely to be of much use.—*Merck's Bulletin*.

OPHTHALMOLOGY.

Ocular Affections in the Early Stages of Syphilis.—Wilbrand and Staelin examined the eyes of two hundred patients in the early period of syphilis. They found disease of the eyelids in 20 per cent. of the cases, viz.: hyperemia ciliarum, edema and redness of lids, blepharitis ciliaris, slight ptosis, and the like.

The conjunctiva was hyperemic in 17 per cent., abnormally pale in 5 per cent. In 10 per cent. there were papules on the mucosa.

The cornea showed unilateral parenchymatous inflammation in one case; the sclera in one case showed bilateral episcleritis.

There was iritis in 5 per cent., complicated with choroiditis in 2 per cent.

The optic nerve was affected in 14 per cent. of cases, the affections comprising hyperemia, neuritis, retrobulbar neuritis, and neuro-retinitis.

There was moderate contraction of the visual field in 36 per cent., due mostly to the disturbance of the general condition.—*Hot Springs Medical Journal*.

On the Use of Ichthyol in Eye Diseases.—Eberson says that in various affections of the eye he prefers the ichthyol treatment to any other; it saves unnecessary pain to the patient, does not interfere with his vocation, and is well borne. So that this treatment is more acceptable to the doctor and patient, besides being more humane than the nasal applications of nitrate of silver, copper, iodine, etc. Eberson was the first to recommend ichthyol in the treatment of trachoma. For this disease he employs a 50 per cent. watery solution with the addition of a very small quantity of glycerin, which preserves the concentration of the solution and permits its better adherence to the conjunctiva when painted on.

An experience with this remedy, extending over two years, in the various affections of the eye leads him to the following conclusions:

1. Ichthyol is the best remedy for the cure of trachoma, as it markedly shortens the course of the disease, and effects an uncomplicated cure.

2. This treatment is to be warmly recommended, particularly in children.

3. Ichthyol brings about a cure of conjunctival catarrhs in a very short time without complications of the cornea.

4. Ichthyol is an important remedy in dissipating corneal opacities.—*Erztl. Rundschau.*

Bacteria in the Normal Conjunctiva.—Arnold Lawson (London) reports on cultures made from the healthy conjunctiva in 200 cases. The sterilized platinum loop was rubbed over the conjunctiva and then used to inoculate Loeffler's blood-serum. No growth occurred in forty-one of the tubes. Of the 159 that showed a growth, 118 showed the presence of the "xerosis bacillus," and ninety of them were pure cultures. The others contained pyogenic cocci, staphylococci pyogenes albus, and other bacteria that caused no disturbance in the conjunctiva of the rabbit or guinea-pig. Lawson concludes that the so-called xerosis bacillus has no connection with the disease for which it has been named, but that it is an inhabitant of the normal conjunctiva, having been overlooked heretofore on account of the difficulty of growing it on anything except blood-serum (*British Medical Journal*). Other observers have also noted the frequency with which this bacillus is encountered in the conjunctival sac. Its presence there is of the greatest practical importance, because of its very close resemblance to the Klebs-Loeffler diphtheria bacillus and pseudo-diphtheria bacillus of Hoffman. Morphologically they are indistinguishable, and their cultures are not fully characteristic. Inoculation of the guinea-pig seems to be the only conclusive test, the "xerosis bacillus" being non-pathogenic. It is more than likely that some of the cases reported as diphtheria of the conjunctiva, without the characteristic symptoms, are merely instances in which the "xerosis bacillus" was found in searching for the evidence of diphtheria.—*Amer. Jour. Med. Sc.*

DISEASES OF THE NOSE, THROAT AND EARS.

Pneumatic Massage in Treatment of Deafness and Tinnitus.—Webster reports five cases treated by pneumatic massage. They include conditions resulting from chronic suppuration of the middle ear, varying from small perforation to complete destruction of the tympanic membrane. These observations were made on cases where suppuration had ceased and the middle ear was dry. The hearing was markedly improved in all but the first and second. In the first, it is noted, the gain was very slight; in the second, that a slight primary gain was followed by a slight loss. The tinnitus was markedly relieved in the first case; temporary relief only after each treatment in the second; lessened in the third; permanently relieved in the fourth; lessened in the fifth. The cases showing the greatest gain in hearing were those in which suppuration had recently ceased. The case which showed relief of tinnitus permanently was not a recent case. Webster concludes that in the class of cases above mentioned pneumatic massage may be of considerable value in addition to other means of treatment. He was unable to realize any greater benefit from very rapid vibrations than from slow. He therefore sees no advantage to the patient in a motor, but thinks the Siegle speculum with the hand-bulb would do equally well. The rapid vibrations were attended with some noise, which was at times disagreeable to the patient.—*Ther. Gaz.*

“Ear-Cough.”—Dr. S. S. Kehr states that ear-cough is a very uncommon affection; but an examination of the ear is essential in the investigation of every case, when complaint is made of the symptom of cough alone; the cough is spasmodic in character, and may be so severe as to produce congestion of the larynx, and mislead the physician into believing that the laryngeal condition is the cause instead of the effect.

A cough from a reflex action, is to my mind the most interesting and the most difficult of all coughs, for the cause may be obscure and remote. I have, upon several occasions, relieved a persistent cough by the removal of hardened wax or a large amount of pus from the auditory canal. The latter condition I have observed at different times in neglected cases of suppuration of the middle ear.

Cough is one of the most common reflex disturbances. Every

practitioner who is at all in the habit of examining the ear must have observed a cough which occurs in many patients whenever a certain part of the auditory canal is touched by a speculum, cotton-holder, a probe, or the like.

There remains a doubt by the varying statements of anatomists as to the nerve supply of the auditory canal. Some claiming, among whom are Arnold, Sappey, Gruber, and Tröltsch, that the auricular branch of the vagus extends, not only to the posterior surface of the auricle, but also to the cartilaginous part of the auditory canal. Mr. John Wood, of the University of London, states positively that he has traced a branch of the vagus into the auditory canal. Fox, Quain, and Lockhart Clark contend that it only supplies the integument of the back part of the ear. Dr. Fox believes, when the condition exists, it is congenital, and the connection between the nerves involved takes place in the brain. The external auditory canal is supplied by a twig of the auriculotemporal branch of the fifth cranial nerve through which the irritation of the reflex would have to take place, having the floor of the fourth ventricle as a center.

Dr. Woakes suggests that a draught of cold air falling upon the ear is occasionally the cause of spasmodic croup.—*The Critique*.

PROCTOLOGY.

The Whitehead Operation for Piles.—For a long time past I have had many patients each year who came to be treated for permanent stricture, incurable ulceration and unbearable pruritus as a result of non-union following Whitehead's and the "American" operations. The latter is simply a modification of the former, and should bear Mr. Whitehead's name.

The advantages claimed for it are as follows:

1. That it is the most natural method and is in perfect harmony with surgery.
2. Excision (in addition to its simplicity) requires no instrument not found in an ordinary pocket case.
3. It is a radical cure, and removes the peculiar pile-bearing area.
4. It is not more dangerous than other methods recommended for the removal of piles.
5. Pain is less severe than that following any other operation.

6. The loss of blood during the operation probably exceeds that of the ligature or clamp and cautery, but dangers of secondary hemorrhage are unquestionably less.

I offer in notation the following criticisms to the above claims:

1. Excision is not more natural, neither is it more in harmony with surgery than are other operations.

2. Instead of being simple, it requires longer time, greater ingenuity and the best instruments.

3. Granting it is radical, just as good results can be obtained quicker, with less pain, fewer complications, and by less difficult operations.

4. It is equally dangerous, if not more dangerous, than the clamp and cautery or ligature; and it is certainly more often accompanied by complications.

5. Bleeding is often profuse during the operation, and secondary hemorrhage is not lessened by it.

Excision is the operation *par excellence* when the lower two or three inches of the circumference of the bowel is made up of spongy angiomatous masses, accompanied by profuse bleeding. Here nothing short of the amputation of the involved area will give permanent relief.

On the other hand, because of the complications that accompany and the sequelæ following the operation, it should be discarded for the treatment of ordinary individual pile-tumors. Failure to get primary union is the principal difficulty, because of infection, tension on the sutures and the straining after anesthesia. When a good result has been obtained patients are able to get about in twelve to twenty days. When non-union occurs the membrane retracts, leaving the sub-mucous tissues uncovered for an inch or more. Ulceration, stricture, and pruritus follow in rotation, and the patient is left a permanent invalid and little can be done to alleviate his suffering.

Mr. Whitehead claims that once the pile-bearing area has been removed, patients are exempt from piles thereafter. I have recently seen a man suffering from several large hemorrhoids who had been subjected to this operation several years ago. This demonstrates that the excision method is not more radical than either the clamp and cautery or ligature. In conclusion I will briefly enumerate my objections to this operation:

1. It is not suited for ordinary or bad cases of piles.

2. It is difficult and bloody.
3. Patients are detained in bed from six to fifteen days longer than after the ciamp and cautery or ligature operations.
4. Owing to tension, the post-operative pains are severe and may continue for several days.
5. Infection is frequent and terminates in a stitch or deep abscess and fistula.
6. Because of non-union ulceration, stricture and pruritus are common sequelæ.
7. The portion of bowel between the anus and the end of the retracted intestine loses its sensitiveness, and there is also an absence of the normal secretions.
8. The nervous and mental state of these sufferers is pitiable to behold; many contract the morphine habit, while others "turn up" as chronic invalids in some sanitarium or asylum.—Dr. S. G. Gant in *Am. Jour. of Surg. and Gynecol.*

Constipation Considered from the Standpoint of the Proctologist was the title of a paper read at the meeting of the American Society of Proctologists, by Dr. A. B. Cooke, of Nashville. He defined constipation as a diseased condition of the alimentary canal, characterized by a modification of function which resulted in the pathological retention of fecal matter. He mentioned among the causes those springing from the violation of hygienic laws; defective innervation, expressed either in atonicity of the muscular coat of the intestine or in decreased secretion; sluggishness of bowel function; the habitual use of purgative medicines; mechanical obstruction; and painful affections of the anus. The relations between constipation and diseases of the rectum, he said, were intimate and noteworthy in that either might be the cause or effect, with reference to the other. Rectal reflexes came in for a fair share of consideration. It was the author's conviction that in a large proportion of cases constipation either originated in or was maintained by conditions situated in the distal ten inches of the intestinal tract. If this was true, he said, the notorious inadequacy of ordinary treatment was at once accounted for, and the duty of the proctologist in the premises became obvious.—*N. Y. Med. Jour.*

TERATOLOGY.

A Case of Bilateral Anophthalmus Congenitus.—Lehmann, in presenting the case, said: The designation anophthalmos is really not correct, as rudiments of the bulb have always been found in those cases where they were carefully looked for; at times, it is true, these could only be demonstrated microscopically. How much of the eyeball is present in the case presented by Lehmann to the *Berliner Medizinische Gesellschaft* (19, i., 1898) could not be positively determined, as the palpebral fissure, which was only 5 mm. wide and very narrow, does not permit a minute examination, and as the parents will not permit any other interference. Nothing seems to be present macroscopically; at least palpation does not show anything. The child comes from healthy parents, not related, in whose families similar malformations or malformations of any kind are unknown. It is, however, interesting that of the three children which they now possess the oldest boy, now $4\frac{1}{2}$ years old, has perfectly normal eyes; the second, now $2\frac{1}{2}$ years old, was, however born blind from a bilateral micropthalmus. The present child, also a boy, was born January 1, 1898, and is otherwise free from any abnormalities.—*Berl. klin. Wochenschrift*.

A Case of Congenital Cyst of the Kidney.—Dr. R. G. Freeman presented to the New York Pathological Society specimens from a case of the kind occurring in the practice of Dr. Holden. The kidneys were so large and cystic that the diaphragm was pressed up to within about half an inch of the axilla. The congenital cysts of the kidney were full of small cavities, varying in size from that of a pinhead to a pea. The condition seemed to be the result of an imperfect formation of tubules of the kidney. In addition to this abnormality in this case, there were others, *e. g.*, an encephalocele; also six toes on each foot and six fingers on each hand, with a rudimentary seventh finger on one of the hands. This condition is not extremely rare. Virchow (*Die krankhaften Geschwülste*, Bd. I., p. 270) mentions having seen many cases of enormous distention of the bowel, accompanied by evidence of the most active peristalsis. He had lost a case of general septic peritonitis, in which he believed if he had resorted to enterotomy life might have been spared. In this case, owing to the accumulation of pus

around the iliac incision, it would have been safer probably to have drawn out the bowel through an incision in the median line.—*Med. Rec.*

NEUROLOGY.

Endorachidian Injections of Antitoxin in Tetanus.—Hardly had the annual toy-pistol "epidemic" of tetanus—with its heavy mortality rate—subsided, when word of a new therapeutic resource is received from Europe, and it is not improbable that the timely application of this resource might have saved a few lives. Professor Schultze of Bonn obtained a favorable result in a case of tetanus by first tapping the cerebro-spinal sac by Quincke's method of lumbar puncture and replacing the fluid withdrawn by antitoxin injected within the sac. In reporting this case, Schultze modestly states that the patient's symptoms were of moderate severity only, and that antitoxine was also used subcutaneously, while the patient was kept well under the influence of morphine and chloral; he does not, therefore, claim that the endorachidian injections were the means of saving the patient's life. Nevertheless there are strong theoretical reasons for believing that this method is of special value, and that it may supersede the endocranial injections, which have not added much to our control of the disease, although much time and pains are required in this mode of procedure. The endorachidian operation appears to be doubly indicated because the cerebro-spinal fluid is highly charged with the toxins of tetanus, and by withdrawing some of the fluid we eliminate some of the toxins. By then injecting the antitoxin we neutralize the remaining toxins for the time being. Schultze tapped the sac twice and drew off respectively 20 and 30 c.cm. of fluid, injecting on each occasion 15 c.cm. of antitoxin. The improvement in the symptoms following the injection was not sudden or striking; in fact, after the first injection the spasms appeared to be worse, and muscles previously non-participating were then affected. The recovery of the patient appeared to be assured, however, before the case had progressed far. Cases of recovery in tetanus are occasionally reported when the treatment has been purely sedative and expectant. Hence a series of cases in which Schultze's method has been

used must be forthcoming before we can form any definite idea of its value, but it certainly seems to be deserving of an immediate trial at the hands of the profession.—*Practitioner*.

Methylene Blue as a Sedative in Insanity.—The history of the use of methylene blue in general therapeutics is similar in many respects to that of other aniline compounds. Early reports, backed by commercial interests, were indicative of its value as a general panacea for many of the ills of the flesh, but of recent years it has found an established though restricted field in a limited number of affections. Its value in malaria admits of little doubt, and in migraine and other nervous affections evidence is slowly accumulating that will give it a recognized position among the hypnotics.

Recent studies by P. Bodoni of the University of Genoa (*Klinisch-therapeutische Wochenschrift*, No. 21, 1899, p. 666) seem to show its wide applicability as a sedative in excited mental states. He reports some fourteen cases in which the remedy was tried; these included such conditions as simple acute mania, mania with furor, periodic mania, chronic mania, and the mania of chronic alcoholism, periodic melancholia, paranoia with delirium, hystero-epilepsy, and puerperal mania. In all of these cases the remedy was administered by hypodermic injection into the gluteal muscles in amounts varying from one to one and one-half grains. Its sedative action became manifest within from three to six hours, and usually persisted a day or in some cases even for three to four days. The quieting action was not attended by any narcotic effect, and there were no unpleasant after-symptoms observed.

The cause for its action is not definitely understood. By analogy, bearing in mind the use of this substance in technical microscopy by reason of its affinity for nerve tissue (methods of Ehrlich, Nissl, etc.), it would appear that it has a specific action on those tissues during life. This, however, has been denied by some observers, who are inclined to class the drug with the blood-poisons, acetanilid, etc., and thus explain its pharmacological action. The author believes that it should take its place with other of the hypnotics, such as chloral, amylenhydrate, trional, and even hyoscyamus.—*Medical News*.

MEDICO-LEGAL.

Not Responsible for Amputated Parts.—A case apparently without a parallel is that of *Doxtator vs. Chicago and West Michigan Railway Company*. The plaintiff sued to recover damages on account of having been deprived of the right to give the remains of her deceased husband a Christian burial, alleging that she had been deprived of that right by the wrongful act of the defendant. The theory of the plaintiff was that, when the railway company lifted her husband from the ground, after he had been run over while in its employ, it took on its shoulders a duty, and that duty was to care for him while he should live, and at his death deliver his remains, and the whole of them, over to his wife for burial; that the company did not do this, but, instead, negligently allowed the cremation of the dissevered lower limbs, and was, therefore, liable to the widow in damages. She obtained a judgment in her favor. But the supreme court of Michigan reverses this, holding that the defendant was entitled to a direct verdict. At the outset, it states that at the common law there was said to be no property in a dead body, and that in one sense this may still be deemed an accurate technical statement; but that it has been held in a number of well-considered American cases that the one whose duty it is to care for the body of the deceased is entitled to possession of the body, as it is when death comes, and that it is an actionable wrong for another to interfere with that right by withholding the body or mutilating it in any way. This right was conceded here. Taking up the question of the duty of the company, and how far it assumed control over the injured man, the court holds that, by the yard foreman calling another to hold his head, and notifying the surgeon of the road and calling the police ambulance, neither the foreman nor the railway company could be said to have become bailee, or to have assumed such a control over the injured man as to preclude the relatives from assuming charge of the ministrations to him. At his own request he was not taken home, though the policeman who came with the ambulance took him to a different hospital from the one he requested. Now, if its surgeon had not appeared, the court thinks that the company would not have been liable for any further neglect of or injury to the unfortunate man. Nor does it consider that finding the patient in an appropriate hospital, with another surgeon in attendance, by assuming charge of the case,

the company's surgeon took upon himself, as the agent of the railway company, the duty of seeing to it that, when death ensued, the body should be delivered to the widow. It holds that the duty he assumed consisted merely of performing such operations as the nature of the case required, leaving it to the attendants at the hospital to make such disposition of the parts amputated as custom warranted, and that neither in purpose nor in fact did he assume to take charge of the dismembered parts. The assumption of the charge of the case, it holds, was simply assuming charge of the operation. The surgeon had no knowledge of any direction as to the disposition of the amputated parts, and, the court maintains, was not in fault in not assuming and guarding against an unwarranted disposition of them.—*Journal American Medical Association.*

Expert Testimony.—Medical expert testimony is at present receiving no little attention from those interested in the matter. Some of the journals criticise certain remarks indulged in by their legal brethren, especially their suggestion to have expert witnesses appointed by the State, be paid a regular salary annually by the State, and not to converse at all with the litigants. We see nothing unfair in this latter proposition. It is a notorious fact that two opposing expert witnesses will flatly contradict each other, and on matters where there should be some degree of accord. Indeed, the *Medical Record* just states that in a case of suspected poisoning in France, Drs. Torette and Charcot testified negatively, while Dr. Brouardel (dean), Dr. Ogier and Dr. Vibert testified that death was positively due to atropine. Furthermore, it not infrequently occurs that a scientist is, in a lawsuit, temporarily put on the same plane with any man the opposing side may produce. Hence the ignorance of the latter will attempt to confute the testimony of the former. Again, as a rule, medical men do not appreciate being browbeaten by any scathing-tongued lawyer whose case may be prejudiced by their testimony. It would seem to be an ideal plan to have all expert witnesses appointed by the State—one for each case that may require an expert. It will do away with much friction and also prove an economy to the contesting parties, and last, but not least, will not interfere in the practice of the physician who is compelled to attend a case which may be of no interest to him, attended by loss of time and money.—*Mo. Retro.*

BOOK REVIEWS.

Practical Anatomy. Including a Special Section on the Fundamental Principles of Anatomy. By W. S. ECKLEY, M.D., and MRS. CORINNE BUFORD ECKLEY. Large 8vo. pp. 485. With 347 Illustrations, many of which are in Colors. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, cloth, \$3.50; oil cloth, \$4.00 net.

This is a dissecting-room guide to Morris' Human Anatomy, and a most excellent one. It has been written in a manner that cannot fail to make it a favorite with all students who dissect, as all do. The method adopted has been to take into consideration the work that will be done in the dissecting-room, and not only make the text a good guide, but illustrate it thoroughly by illustrations which are clear, easily understood, and demonstrative. All these are original and the pictures in color enhance the value very much, more especially in the case of blood-vessels and nerves.

In order to render the work more useful, the authors have introduced quizzes upon the work done, at suitable intervals, in order to refresh the memories of those who are engaged in the practical work. This is an innovation which will be greatly appreciated, as it will enable students to verify their answers upon any dissection before they turn their attention to another part.

We have been very favorably impressed with this book, and heartily recommend it to demonstrators of anatomy, who will find it a very useful aid to them in their work.

A Text-Book of Diseases of the Nose and Throat. By D. BRADEN KYLE, M.D. 8vo., pp. 646. With 175 Illustrations, 23 of them in Colors. [Philadelphia: W. B. Saunders. 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine St. Price, cloth, \$4.00 net; sheep or half morocco, \$5.00 net.

This is a most excellent text-book which is full of the author's personality. It is also one which will prove of the greatest practical value to both student and practitioner, more especially as it is so rich in illustrations and colored plates, all executed in the highest style of art. The author has adopted a very good style in writing his work. It may be looked upon as dogmatic by some; but, so long as it does not propose to be a treatise, it is certainly better than to be burdened by an incomplete discussion of questions or inadequate references to the literature of the subject. The book is not a treatise on laryngology, but a text-book on the diseases of the nose and throat, their pathology and treatment. We are pleased to see the nose receive such

prominent consideration, as rhinology is to-day one of the important specialties in medicine.

The work before us is thorough as well as practical. We notice here and there some omissions of very useful methods. Thus, in many cases of epistaxis, it will be found that insufflations of aristol will act in a very efficient manner. On the other hand, the author is very chary of using medical treatment. He advises a mixed treatment in tertiary ulceration of the throat, but gives only a twenty-fourth grain of corrosive sublimate at a dose, when an eighth would certainly be more efficient and arrest the destructive process more rapidly.

We wish to take exception to one statement made on page 464 that, "next to the genitalia, the tonsillar and pharyngeal sites are, perhaps, the most frequent seats of the primary lesion" (of syphilis). There is no doubt that the lips and fingers are more frequently affected by the chancre, as the testimony of all syphilologists will prove.

But these are minor matters and do not detract from the general value and thoroughness of this work which is, beyond doubt, destined to achieve a great success, as it certainly deserves to do.

The Hygiene of Transmissible Diseases; Their Causation, Modes of Dissemination, and Methods of Transmission. By A. C. Abbott, M.D. 8vo., pp. 311. Illustrated. [Philadelphia: W. B. Saunders. 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine Street. Price, \$2.00 net.

As the author states, his intention has not been to write a work on hygiene, but rather to enlarge upon one of the chapters of that very important subject. In the book before us he presents us with the results of his labors, and he states concisely, as well as clearly, his conclusions, which are not only correct, but lead to methods of a preventive nature in the highest degree useful. As would be naturally expected in a work of this character, the most important part is that devoted to prophylaxis. The author, in considering the modes of dissemination and methods of transmission, is also thorough and does not assume anything unless it has been proven. He is very careful to give the opinions of competent authorities in doubtful cases and always believes in keeping on the safe side in recommending prophylactic methods. Thus, in leprosy he advocates segregation, confessing that the exact method of transmission of the disease is still unknown. He forgets to state, however, that vaccination from the leper to the healthy individual inoculates the disease.

So far as syphilis is concerned, he advises celibacy or marriage as a prophylactic, but seems to depend more upon measures of regulation in regard to prostitutes. He acknowledges that these merely diminish the evil and cannot be regarded as more than restrictive.

We have been most favorably impressed by the book, which is well illustrated with microscopic appearances of the bacteria of transmissible diseases, thus adding to the interest and value of the text.

Materia Medica, Therapeutics, Medical Pharmacy, Prescription-Writing and Medical Latin. A Manual for Students and Practitioners. By WILLIAM SCHLEIF, Ph.G., M.D. (Lea's Series of Pocket Text-Books; Series Edited by Bern. B. Gallaudet, M.D.) 12mo., pp. 339. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$1.50 net.

This is the initial volume of what promises to be not only a handsome, but very useful series of text-books. The book before us is gotten up in the highest style of the printer's art, handsomely bound with beveled edges, in a bright-red binding and handsomely tooled in gold on the back. So much for the dress.

The contents of the present volume are certainly such as to deserve the handsome exterior furnished by the publishers. The author evidences that he is master of his subject, and, instead of giving a dry catalogue of drugs and doses, he gives the physiological action, therapeutics, and toxicology of each medicinal agent. In addition, he gives many tables, a slight summary on prescription-writing and Latin, and a therapeutic index of diseases and remedies. Being both a pharmacist and a physician, the author has been placed in that happy position of being able to supply to medical students exactly what they are in need of in their college days, and also what will prove of use to those who long since left the halls of their alma mater.

The book is an excellent one, and, at the price at which it is offered should meet with a very large sale.

Minor Surgery and Bandaging. Including the Treatment of Fractures and Dislocations, the Ligation of Arteries, Amputations, Excisions and Resections, Intestinal Anastomosis, Operations Upon Nerves and Tendons, Tracheotomy, Intubation of the Larynx, etc. By HENRY R. WHARTON, M.D. Fourth Edition. Thoroughly Revised and Enlarged, with 502 Illustrations. 12mo., pp. 594. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$3.00. net.

This is a well written and concise manual, whose title is calculated to mislead, from the fact that it contains many subjects not usually considered in this class of works. The popularity of the book may be easily surmised when we state that the first edition appeared in 1891, and the present one is the fourth. We have no doubt that a new edition will be soon called for, as the marked superiority of the present will make itself so apparent

as to immediately enlist the attention of all physicians and students, as well as gain their favorable opinion. The book commends itself, and the handy form, as well as superior style in which the publishers have presented it, add another one to the list if marvels in book-making of the present age.

It would be impossible to note all the changes which have been made since the last edition appeared. Suffice it to say that the revision has been both careful and complete. Among the new additions made are 27 engravings, a chapter on surgical bacteriology, a section upon operative procedures on the cadaver, including instructions in amputations, ligations, excisions, suturing, intestinal anastomosis, tracheotomy, intubation, etc. This certainly brings the book up to date and in line with the most modern teachings of surgery. It is not intended to supplant the larger works on surgery; but rather to be used as a compendium of the salient points which they give more fully and at length.

This edition of Wharton's Minor Surgery will no doubt achieve a greater success than any previous one, and it certainly deserves to do so, if we are to judge from its intrinsic merits.

Treatment of Pelvic Inflammations Through the Vagina.

By WILLIAM R. PRYOR, M.D. 12mo., pp. 248. With 110 illustrations. [Philadelphia: W. B. Saunders. 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine Street. Price, \$2.00, net.

This is a work on pelvic inflammations and their treatment through the vagina, written for general practitioners, and one which could be profitably consulted by surgeons and gynecologists. The book, the author contends, is but an elaboration of what he has said and done before his audiences who have attended his lectures at the New York Polyclinic. The class of cases with which he deals are rather to be looked upon as emergency cases, and the physician who is called in to attend them has no time to read up, and cannot send the patient to a hospital. For these reasons, and the fact that so little is known on the subject, he has written this volume. His writing has been written *ex cathedra*, as nearly all he gives is original, and the reader will see the personality of the author prominent throughout his work.

Having ample opportunities to practice and demonstrate his methods, the author has felt no hesitation to present them to the medical profession, and, to our mind, has fully demonstrated their value, as well as superiority. The palliative measures are such as are easy to put into execution, and will have the further advantage of placing patients in a much better condition to undergo operative measures. Laparotomy in pelvic inflammations is considered inferior to vaginal methods, and the author makes out a very good case. The pathology given is sufficient for the

demands of the book, and altogether it is a work which will become popular, more especially as it gives a large mass of details which are never superfluous.

Enlargement of the Prostate. Its Treatment and Radical Cure. By C. MANSELL MOULLIN, M.D., Oxon., F.R.C.S. Second Edition. Small Octavo, pp. 211. [London: H. K. Lewis. Philadelphia: P. Blakiston's Son & Co. 1899. Price, \$1.75.

This is practically a new work, and the author has very judiciously omitted that which was not proven or of established worth, and retained the better portion of the previous edition. He has brought his subject up to date, and has described the more modern operations and methods of proven worth in the treatment of enlarged prostate. In considering the various operations he dwells chiefly upon supra-pubic prostatectomy (McGill's operation), perineal prostatectomy (Von Dittell's and Nicoll's operation), and Bottini's operation. Whilst speaking in a fairly favorable manner of the last he is not very enthusiastic over it. And yet we have seen some truly remarkable results following the procedure. The author, with true conservatism, will not accept a conclusion in any case earlier than six months after the operation. Nor will he accept any case as one of enlargement of the prostate unless it be secondary to a primary change in the bladder and developed as a compensatory hypertrophy, the view advanced by Mr. Reginald Harrison. He rejects the homology of the prostate and uterus, as originally suggested by Velpeau. In his consideration of orchidectomy and its effect upon enlarged prostate he states very definitely that it causes the enlarged prostate to shrink, but adds that excision of one testicle will cause only one of the prostatic lobes to become smaller. He has found good results to follow ligature of the spermatic cord in two cases, and regards this as due to the consequent atrophy of the testicle, acting in its turn upon the prostatic enlargement. This book, a few points of which we have barely noted, is most interesting, and the microscopic plates, four in number, add greatly to its value. Above all, it is a reliable guide, and we have no doubt that every genito-urinary and operative surgeon will have a copy in his library.

Transactions of the Medical Society of the State of New York for the year 1899. 8vo., pp. 531. [Published by the Society. 1899.

It is with pleasure that we once more examine the transactions of the Medical Society of New York. They are always replete with excellent papers, and this volume is no exception. We note with more than ordinary pleasure that the purely medical contributions are not overshadowed in number by the surgical, and the

specialists do not monopolize the space, as is but too frequently the case in these associations. We are presented with forty-nine papers, exclusive of the addresses, and they are each one of more than ordinary interest. In fact, they are of such a character as would do honor to any congress of medical men. But this is to be expected of the physicians of the Empire State, and we would feel sorely disappointed were it otherwise.

We cannot examine the various different papers appearing in the Transactions, but desire to mention the Anniversary Address, a truly masterly production, on the "Relation of Medicine to Civilization," by the President, Dr. John O. Roe of Rochester. "The Problem of Typhoid Fever in the United States" is an important subject handled in a most competent manner, by Dr. William Osler of Baltimore. Another address of great value is that by Dr. A. Jacobi of New York, on "The Disinfection of the Alimentary Canal." We notice that there is not one contribution on a dermatological subject. We note with much pleasure that Dr. Fred. C. Curtis of Albany has been re-elected Secretary and ex-officio member of the Publication Committee. Ever since he has been in this position the Transactions have been a real credit to the society, and we know that they will continue to be such as long as he remains in the position.

A Compend of the Diseases of the Eye and Refraction, including Treatment and Surgery (Blakiston's Quiz Compend, No. 8). By GEORGE M. GOULD, A.M., M.D., and WALTER L. PYLE, A.M., M.D. Second Edition, Revised and Enlarged. 12mo., pp. 293. One hundred and Nine Illustrations, Several of which are in Colors. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, 80 cents.

The authors have been pleased to call this a compend, but, in our opinion, it can compare very favorably with some more pretentious manuals on diseases of the eye. It is as full as could be reasonably expected in such a limited number of pages. The entire book has been recast, and the improvements on the first edition may be seen on every page, although but two years have elapsed since the latter's appearance. The great popularity of Blakiston's Quiz Compend has never been better exemplified than by the rapid exhaustion of the large first edition the one before us. If indications do not deceive us, the present will meet with even a larger sale, its apparent qualities being such that it will readily recommend itself to students and practitioners alike. The illustrations are numerous and well chosen. The colored plates, especially those of the fundus of the eye, are exact and the coloring most natural. The print is clear, and the paper good. Altogether the book is a marvel of book-

making, when we take into consideration the very low price at which it is offered.

American Pocket Medical Dictionary. Edited by W. A. NEWMAN DORLAND, A.M., M.D. Second Edition, Revised. 18mo., pp., 518. [Philadelphia: W. B. Saunders. 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine St. Price, \$1.25 net.

This is an *edition de luxe* of a very useful little book, and should be taken up with avidity by all those in need of a pocket medical dictionary. It is bound in flexible morocco covers, gilt on edge, with a thumb index, and round corners. It is a little book of which its possessor should feel proud. So far as its contents are concerned, it is as comprehensive a book for its size as has ever been issued. It contains the pronunciation and definition of over 26,000 of the terms used in medicine and the kindred sciences. In addition to this, there are over 60 extensive tables. That the present edition will be popular we have no hesitation in saying, as a very large first edition was exhausted in six months. This was no doubt due to the demand among students who appreciate analytic tables full of information useful for examinations as well as helpful reading.

Over 1,000 Prescriptions or Favorite Formulæ of Various Teachers, Authors and Practicing Physicians, the whole being Carefully Indexed and Including Most of the Newer Remedies. 24mo., pp. 222. [Detroit, Mich.: The Illustrated Medical Journal Co. 1899. Price, \$1.00.

This is the second edition of this handy manual, and is just from the press; it has nearly 100 pages of new matter added. As the practical worth of this kind of a book consists in its having a handy and complete index, this book has it, for some 16 pages of small type are devoted to this object, and some of the lines have as many as 20 different references to as many different formulæ; this would go to show that there are about 2,000 different prescriptions given in the volume. In other words, taking the price of the book into consideration, it would argue that there are furnished some twenty different prescriptions for one cent. We notice that many of the newer remedies are among the prescriptions, thus bringing the treatment of many of the diseases down to date. Both old and new writers of both home and foreign countries are represented among its formulæ.

Blank pages are frequently introduced, so that a handy place is furnished for recording any new prescription that one might wish to preserve.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

A Text Book of Diseases of the Nose and Throat. By D. Braden Kyle, M.D. 8vo., pp. 646. With 175 Illustrations, 23 of them in Colors. [Philadelphia: W. B. Saunders, 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine street. Price, cloth \$4.00 net; sheep or half morocco \$5.00 net.

Practical Anatomy; Including a Special Section on the Fundamental Principles of Anatomy. By W. T. Eckley, M.D., and Mrs. Corinne Buford Eckley. Large 8vo., pp. 485. With 347 Illustrations, many of which are in Colors. [Philadelphia: P. Blakiston's Son & Co., 1899. Price, cloth \$3.50; oil cloth \$4.00 net.

The Hygiene of Transmissible Diseases: Their Causation, Modes of Dissemination, and Methods of Prevention. By A. C. Abbott, M.D. 8vo., pp. 311. Illustrated. [Philadelphia: W. B. Saunders, 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine street. Price, \$2.00 net.

Materia Medica, Therapeutics, Medical Pharmacy, Prescription-Writing, and Medical Latin. A Manual for Students and Practitioners. By William Schleif, Ph.G., M.D. (Lea's Series of Pocket Text-Books. Series edited by Bern. B. Gallaudet, M.D.) 12mo., pp. 339. [Philadelphia and New York: Lea Brothers & Co., 1899.

Minor Surgery and Bandaging. Including the Treatment of Fractures and Dislocations, the Ligation of Arteries, Amputations, Excisions and Resections, Intestinal Anastomosis, Operations Upon Nerves and Tendons, Tracheotomy, Intubation of the Larynx, Etc. By Henry R. Wharton, M.D. Fourth Edition. Thoroughly Revised and Enlarged, with 502 Illustrations. 12mo., pp. 594. [Philadelphia and New York: Lea Brothers & Co., 1899. Price, \$3.00 net.

The Treatment of Pelvic Inflammations Through the Vagina. By William R. Pryor, M.D. 12mo., pp. 248. With 110 Illustrations. [Philadelphia: W. B. Saunders, 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine street. Price, \$2.00 net.

Transactions of the Medical Society of the State of New York, for the Year 1899. 8vo., pp. 531. [Published by the Society. 1899.

American Pocket Medical Dictionary. Edited by W. A. Newman Dorland, A.M., M.D. Containing the Pronunciation

and Definition of Over 26,000 of the Terms Used in Medicine and the Kindred Sciences, along with Over 60 Extensive Tables. Second Edition, Revised. 18mo., pp. 518. [Philadelphia: W. B. Saunders, 1899. St. Louis: Lewis S. Matthews & Co., 714 Pine street. Price, \$1.25 net.

Enlargement of the Prostate. Its Treatment and Radical Cure. By C. Mansell Moullin, M.D., Oxon., F.R.C.S. Second Edition. Small octavo, pp. 211. [London: H. K. Lewis. Philadelphia: P. Blakiston's Son & Co., 1899. Price, \$1.75

A Compend of the Diseases of the Eye and Refraction; Including Treatment and Surgery (Quiz Compend No. 8). By George M. Gould, A.M., M.D., and Walter L. Pyle, A.M., M.D. Second Edition, Revised and Enlarged. 12mo., pp. 293. One Hundred and Nine Illustrations, several of which are in Colors. [Philadelphia: P. Blakiston's Son & Co., 1899. Price, 80c.

Thoracic Resection for tumors growing from the bony wall of the chest is the most thorough monograph on the subject which has yet appeared. It is from the pen of Dr. F. W. Parham of New Orleans, who read it in abstract before the Southern Surgical and Gynecological Association at its last meeting in November, 1898. The thoroughness of this little book of 147 pages cannot be questioned, as the author has carefully searched all medical literature up to the present date, and he has, in addition to this, added plates illustrative of reported cases and of his own. His work throughout is analytic and critical, thus enhancing its value. We would certainly suggest to all operative surgeons to obtain a copy of this little work, as it cannot fail of being of the highest value and service to them. We only regret that lack of space forbids our giving such a lengthy review to this excellent monograph as it certainly deserves.

Transactions of the Medical Society of the State of West Virginia, held at Weston, May 17-19, 1899, makes an octavo of 111 pages. Dr. C. F. Ulrich, of Wheeling, seems to be the poet laureate of the Society, for he contributes a satirical poem entitled, "Autobiography of a Very Modern Doctor," and another almost as much so on "The Old Family Physician." Besides these there are ten papers and the President's Address. This seems but a small showing, but there is no doubt that the discussions on these contributions were both thorough and interesting, and we only regret their absence from this volume of transactions.

The Medical Review is the name to which that of the *Medical and Surgical Review of Reviews* has been changed. This was necessitated by the cumbersomeness of the latter and the fact that proper credit was never rendered when the name was shortened. The new name will also suffer by the change, for

in St. Louis a weekly has the name of *Medical Review*. We approve of the change which has been made by our highly esteemed London cotemporary, which has forged to the front and established for itself a position among the foremost. It is always replete with the best reading matter and is eminently progressive. It should achieve a most marked and lasting success in its present form.

MELANGE.

The Post-Mortem Pulse.—Dr. H. A. Huntington of Kingston, Jamaica, offers the suggestion of an artificial pulse to enable students to perform surgical operations on the cadaver under more nearly natural conditions. He writes: "Instead of injecting the arteries as at present, attach a rubber tube to a pump, whose force and strokes shall be such as to send a red antiseptic fluid into the arteries of the cadaver, imitating as nearly as possible the conditions in life. Students can then perform all sorts of surgical operations under far more interesting and instructive conditions than on the dead cadaver. Using a gas engine or electric motor with suitable pipes and tubes, every dissecting table can have its 'pulse' ready to 'turn on' to the cadaver."—*Med. Rec.*

Medical Ex-Votos.—It is well known, says the *The Lancet*, that a curious collection could be made of medical "ex-votos" discovered by recent excavations at various temples of Æsculapius. Models have been found not only of external but sometimes of internal organs of the body. About a year ago Dr. Lanciani presented to one of the Roman museums a little marble base, bearing an inscription in Greek, which is a votive dedication in honor of Æsculapius of a very laudatory nature. It tells us that the donor's cause was that he had been cured of a tumor of the spleen by the god, and in recompense for the deity's succor he made an offering of an image of the diseased organ. Unfortunately, the little model, probably of gold, has disappeared, nothing remaining upon the marble but the mark of the place where it adhered to the base. In the memoirs of the German Archeological School at Athens Herr Zingerle has published an interesting memoir upon a temple of Æsculapius at Lebena, in Crete. It was known that the deity had a sanctuary at Gortyna

near by, but the Lebena one is new. Among the texts from it is one referring to a votary with a wounded finger, to whom the god appeared in a dream and indicated the requisite remedy, which was the application of the oil of mallows (*althea*) and massage. It is known to scholars that when *Æsculapius* worship was introduced into Athens about B. C. 420 by Telamachus of Acharnæ, Sophocles the poet was looked upon as the first and principal patron of the god's worship. The cause of this position of Sophocles was unknown, but is now ascertained. He was priest of an old hero deity or patriarchal quack named Amynos, and it was as holder of this office that he naturally fell into the position of pre-eminent votary of the new medical cult. A temple has been disinterred at Athens dedicated to Amynos, *Æsculapius*, and Sophocles, as Dexion, the inscriptions upon which clear up the matter.—*Med. Age*.

Dust in the Etiology of Tuberculosis.—In a paper dealing with this subject (*N. Y. Med. Jour.*, Sept. 6, 1899) Dr. Max Girsdanky states that the following inevitable conclusions must be accepted:

1. That the broom, far from serving any hygienic purpose, is the cause of the maintenance of organic dust in the atmosphere of the large cities of the world, and as such is the most important cause of the existence and spread of tuberculosis, probably also of various other infectious diseases, and should therefore be abolished.

2. That the carpet is an unhygienic article, serving as a fine breeding ground for vegetable parasites, necessitating the use of the broom and the duster, and thereby becoming a reason for the existence of organic dust.

3. That the only proper and safe way of procuring cleanliness of the floors and streets of our large cities is by the free use of water as a cleansing agent in the shape of showers, sprinkling wagons, hose, mops, etc.

4. That all floors and floor-coverings of the home and the street ought to be so constructed as to facilitate the free use of water in the shape of shower or mop as a means of procuring cleanliness.

And there is no way out of these conclusions.

If all the work, research and investigation gone through by a host of scientists during a whole generation point to dust as the

practical cause of tuberculosis, as well as of other infectious diseases—if science has proved that dust is the cause of more deaths than any other single condition, earthquakes, floods and wars not excepted—are we to allow the deadly dust producers to parade under the assumed name of hygienic implements? Are we to allow the murderous street brooming to go under the name of street cleaning unchallenged? Or is it not rather our duty to issue a warning to the public to call things by their right names, to point out the real rôle of the broom in unmistakable terms, and to show up the enormous danger to public health that arises from mistaken ideas of cleanliness, and the fearful slaughter produced by the idiotic methods used for carrying out such mistaken ideas?

A Tale of a Wicked Druggist Who Substituted.—Once upon a time there was a man of parts, who was also a physician.

And the skill of this man was so great that the people of the land were wont to flock unto his office for advice, and incidentally medicine. As the years passed by he grew in wisdom, and the sick and suffering who sought relief from him invariably found it, for his consultation price was five. And to those whose red blood corpuscles were few and far between he always prescribed a favorite medicine, the like unto which there was nor is no equal, no not one. And the name thereof was Pepto-mangan.

And the pale people who took this medicine grew well and strong, for their blood became good. Then their souls would be full of gladness and they would return unto the Doctor laden with milk and honey; for by his advice had they not found health and happiness? And the Doctor was glorified in the eyes of his patients, and many shekels were his.

Now there was a certain Druggist to whom the people were wont to take the Doctor's prescriptions to be filled. His face was that of an Angel and a small halo of his own manufacture encircled his forehead. But his heart was black within, and verily he was possessed of a devil. And when he saw the great sale of Pepto-mangan, and the countless prescriptions which the Great Doctor was writing for this marvelous remedy, his heart was full of envy and greed.

“Why,” cried he, “should not I with all my knowledge for mixing drinks and medicines prepare a remedy like unto this Pepto-mangan?”

So out of the iniquity of his heart he prepared him a substitute.

And to the many who came to his store clamoring for Peptomangan he would say that he was just out of that particular preparation but that he had another "quite as good, if not a little better." And the good people looking up at his halo believed him for an honest man and went forth from his store well pleased at his kindness in giving them something even better than what the Doctor ordered. To others he would say nothing, but would fill their prescriptions with his own concoction and send them away in ignorance of what he had done.

And as the shekels poured in on his counter like golden rain, his soul laughed with glee, for in his mind he saw himself rich beyond compare.

But the people grew well no longer.

No more did they repair unto the Doctor with thankful hearts. Instead of returning unto him with praise and thanksgiving as before, they approached his sanctum with lamentation and wailing. And curses were his, instead of shekels.

"What ho," quoth he. "Wherefore am I getting it in my cervical region? Can it be possible that I, even I, have become a 'has been?' Or has my favorite tonic failed me in my old age?" And he made talk with his patients, seeking knowledge whereof they were no better. And after many questionings he learned of the iniquity of the man of Drugs. Then he was wroth, and with voice like the raging wind he poured forth unto the Heavens the crime of the Druggist.

And all the people heard.

Therefore did they meet together and with one accord hastened unto the store of him who had defrauded and cheated them.

And their anger knew no bounds, for they took him out into a lone place and with no unnecessary ceremony *hanged him to a tree.*

Then on his breast was pinned a card on which were written the fateful words—"Not what he wanted—but something just as good."

No more thereafter was substitution known in the land, and the people thereof became well and lived happy ever afterwards.

TO DOCTORS.

Moral.—Beware of substituting Druggists if you expect to cure your patients.

TO DRUGGISTS.

Moral.—Beware of the wrath of the Doctor and patient on whom you practice substitution.—[*Vermont Med. Mo.*

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ORIGINAL COMMUNICATIONS.

THE SQUAMOUS PALMAR SYPHILIDE.*

BY A. H. OHMANN-DUMESNIL, ST. LOUIS.

Among the most interesting cutaneous phenomena of syphilis is to be reckoned the squamous palmar syphilide, or, as it has been incorrectly named by many writers, syphilitic psoriasis. It is simply a misnomer, as it is obvious that psoriasis cannot be syphilitic, nor can syphilis be psoriasis; both being distinct and separate diseases and processes. It may happen that a psoriatic individual will acquire syphilis, but in such an event the diseases co-exist and the psoriasis will be modified by the luetic process. The occurrence of the squamous palmar syphilide has occasioned, and still leads to, many mistaken diagnoses. The differential points between it and other forms of cutaneous lesions simulating it will be pointed out later on. Suffice it to say, that it is essentially syphilitic in character and dependent upon the luetic process, without reference or dependence upon any other disease or infection. In fact, it is as pathognomonic a lesion as any other one that occurs in syphilis.

The syphilitic palmar syphilide is not confined to the palms of the hands, but coincident with its appearance there may be noted

*Read before the Central Texas Medical Association, Waco June 18, 1899.

the presence of analogous lesions on the soles of the feet, which after all, are the analogues of the palms. The anatomical structures of the palms and soles, so far as the integument is concerned, may be considered as anatomically identical in man as they positively are in the quadrumana. This is no doubt the reason why a generalized process like lues will produce the same effects upon similar structures at the same time. And the peculiarity of the structure of the skin has much to do with the form of involvement which manifests itself. It is, however, unnecessary to enter into a discussion of the pathogeny of any form of syphilide, as this would certainly necessitate a long discussion and is sufficiently important to form the basis of a long and critical study. The syphilide under consideration is one which is seen with sufficient frequency and treated with enough ill success to deserve more than the perfunctory notice which it receives in text-books and ordinary treatises on syphilis. In this eruption we have a form which usually makes its appearance some time after the development of the first eruption. In other words, it is a late secondary manifestation. To assign any particular length of time, after the appearance of the chancre, as the date upon which it manifests itself would manifestly be an impossibility. It is only in general terms that this can be predicated. Another point which should never be lost sight of is that it is not by any means a necessary eruption in every case of lues. It may never be observed, even in cases which have been improperly or insufficiently treated, although this is usually the case. In cases which have had no specific treatment whatever it is very apt to appear, and under these circumstances it is much earlier than in those who have had some therapeutic attention. It may be stated, as a safe general guide, that this eruption is nearly always seen in imperfectly or non-treated cases of syphilis, or in those who have indulged in alcoholics and neglected their medicines.

All cases of the squamous palmar syphilide are far from being alike, either in appearance or evolution. They not only appear at different epochs in apparently similar cases, but they differ in some respects from one another. Thus one of the simplest forms is that in which the palm apparently shows nothing but more or less erythematous lesions in which the squamous element is but outlined. In these there is no eruption to be distinguished upon other parts of the integument. An example of such an one is

given in Figure 4. Here it will be noted that it is only the palm which is involved. Neither the fingers nor the forearm are the seat of the eruption, and the face does not exhibit any trace of the disease. In fact, were not the palms examined, a superficial examiner would not be able to detect the fact that the subject was syphilitic, nor would he suspect it unless somewhat familiar with the appearance of the manifestation upon the palms.



FIG. 4.—Squamous Palmar Syphilide. Very light superficial involvement.

Somewhat akin to this form is another in which the palms are not only more involved, but the palmar surfaces of the fingers as well. Owing to the greater involvement of surface, and, no doubt, to the longer standing of the case, the lesions are much larger and the squamous condition more marked. Such a condition is shown in Figure 5. As in the preceding case, the arms are free of the syphilide and the face equally so. It is but just to state that each one of these cases had been placed under a more or less in-

sufficient course of treatment, which may partly account for the fact that the more delicate and consequently more susceptible integument had escaped from the attack of the squamous syphilide. Both of these cases were also affected by the same eruption upon the soles of the feet, and the legs were as free as the arms, thus demonstrating the complete symmetry of the process in its manifestations. The patients were of about the same age.



FIG. 5.—Squamous Palmar Syphilide. Light superficial variety.

In another variety the squamous lesions are small, but very plainly marked. Whilst fairly numerous upon the palms, they also continue on the forearms as well as on the fingers and thumb. Upon the face a few may be seen, as well as flat papular syphilides about to become squamous. They have a tendency to group themselves in the form of the segments of circles, more especially on the face, and altogether present a close resemblance to the image seen in psoriasis. The squamous condition, whilst not too heavily marked, is such as to be not only easily recognized, but characteristic as well, and of a marked degree. A good illustra-

tion of this phase is shown in Figure 6. Here may be seen a case in which there had been no treatment and in which the disease first evidenced the secondary phase in the form of a roseola, which was quickly followed by a papular syphilide, to which succeeded the squamous form.



FIG. 6.—Marked Squamous Palmar syphilide. Arm is involved.

The next form worthy of description is one which, whilst it has not always been classified under the head of the squamous syphilide, is certainly to be regarded as such from a pathological point of view. It is essentially a keratodermic process, and only occurs upon the palms and soles, and is, in addition, characteristic of the syphilitic process. The name of syphilitic "corns" has been applied to this condition, merely on account of a fancied resemblance and not for any other reason; for this form of the palmar syphilide does not depend upon any particular friction or

pressure upon the integument of the palm. It is true that there exist small keratomata, which may be easily dug out with the point of a pen knife, but they immediately recur, unless proper means be adopted for their total eradication. The lesions are not particularly confined to workingmen, but are seen to occur in those engaged in clerical occupations or in individuals having no



FIG. 7.—So-called "Syphilitic Corns" of the Palms.

occupations at all. It is simply one of the manifestations of syphilis which is far from rarely met with, but more often in men. A good example of this form is shown in Figure 7. The patient had been treated quite energetically for some time, but, under the mistaken idea that he was well, he neglected any further therapeutic attention to his case and had his palms and soles attacked by the eruption which is depicted. No other portion of the skin showed any sign of the disease, as would naturally be expected under the circumstances.

In order to give a clearer conception of the cutaneous manifestations of the palmar squamous syphilide, a few words upon the differential diagnosis of this and other lesions resembling it may be of some practical utility. Psoriasis of the palms is a very rare condition, so rare that some very good authorities have denied that it ever does occur. Others, *per contra*, have stoutly maintained that they have observed it; so that, under the circumstances, we feel inclined to accept their statements, although never having observed an undoubted case. The difference, however, may be stated to lie in the following well-marked points: In syphilis there is an undoubted history of luetic infection, and, in many cases, concomitant constitutional symptoms may be found. In psoriasis there exist lesions, undoubtedly psoriatic, on other parts of the body. The palms will alone be implicated, and the soles of the feet will not also suffer. The knees and elbows are very apt to participate in the process. Not only these points, but the buttocks and back are also liable to present the well-known and characteristic lesions of psora. But, even granting the absence of all lesions, with the exceptions of those on the palms, the history of the case and the subjective symptoms present should furnish a certain amount of information. The itching present is sufficient to preclude the thought of syphilis. Moreover, in psoriasis there is a constant increase in the epithelial horny cells, which assume a silvery, shining appearance not seen in syphilis. The inflammatory condition is evidenced by the more or less pronounced areola surrounding each lesion; and, taken altogether, the appearance is such to the practiced eye that an error is impossible.

Another cutaneous affection which has been mistaken for the squamous palmar syphilide and *vice versa* is squamous eczema of the palms. Like the syphilitic affection, it attacks the soles of the feet also, and it presents some faint resemblances to the localization of the specific trouble. Several marked points of dissimilarity, however, should be noted. Thus, in eczema the keratinization is much more marked, the horny layer arriving to a greater thickness. Larger plaques show themselves, and they have a tendency to coalesce so as to finally involve the entire palm or sole, conditions not present in syphilis. There is a certain amount of itching present in some cases, whereas in others it is entirely absent. But there is almost always present a marked tendency

to the formation of fissures, and these grow deeper and deeper, exposing the corium and having thick everted edges. These fissures are exceedingly painful, any foreign body, even the atmosphere, being a constant source of irritation and mechanical pressure or muscular contractions and extensions leading to the widening of these fissures. A peculiarity in connection with these fissures is the fact that they occur along the natural folds of the palm. On the fingers they are across at the flexures, and between these longitudinal. These several conditions should certainly suffice to distinguish eczema from syphilis of the palms; the history of a given case also aiding, in no inconsiderable degree, in the formulation of an exact diagnosis.

There is a peculiar condition of the palms and soles which, from a pathogenetic point of view, is somewhat allied to the squamous syphilide. It is that which is known as syphilitic horns in these localities. It is sufficiently rare, and is merely mentioned because it is a keratogenous manifestation.

The length of duration of the syphilitic palmar syphilide is indefinite, unless proper therapeutic measures be employed. It may be well to premise that internal treatment seems to be perfectly impotent to bring about a disappearance of the local lesions. When the primary lesions, the flat papules, still existed before the squamous condition had asserted itself, internal treatment would have sufficed. But when the scaly condition is present it is certainly impotent, and local measures are absolutely necessary. It must not be forgotten, however, that the use of internal remedies will markedly aid the local applications which are made, and on that account should never be forgotten or looked upon as being superfluous. A judicious combination of both will always prove the most satisfactory, and whatever means are employed should be such as will effect the desired purpose, and not act merely in a more or less imperfect manner. These are the cases in which active medication is particularly demanded and required.

To begin with, mercurial treatment alone or mixed treatment is indicated. A good method to follow is to give about twenty mercurial inunctions to be followed by mercauro, given in fifteen drop doses thrice daily and slowly increased until twenty-five or thirty drops are given at a dose. Or, if frictions are objected to, the biniodide of mercury, in quarter grain doses thrice daily,

may be given until about sixty pills have been given. Then mercauro is to be taken in the manner stated above. An efficient mixed treatment, more particularly valuable in those cases which are somewhat advanced in their evolution, is the following:

R	Hydrargyri bichloridi	gr. iv.
	Kali iodidi	℥j.
	Syr. sarsaparillæ co	℥j.
	Aquæ destillatæ	℥iij.

M.

Sig. A teaspoonful in water after each meal.

This will prove very efficient in action, and not particularly irritating. It may be found, however, that in females any or all of the above methods will be irritating, when recourse must be had to the protoiodide of mercury; and if this is also not to be considered, hypodermic injections of mercauro are to be used. Whatever preparation is employed, it must be continued for a sufficient length of time to be able to obtain beneficial results.

So far as the local treatment is concerned, it may be stated, in general terms, to be the same as would be indicated in a similar keratodermic affection of non-specific origin. The peculiar localization under consideration seems, in its objective transformation, to lose the peculiar specific properties of the disease. For this reason the remedies indicated are essentially keratolytic agents. These may be applied in the form of plasters, ointments or films. Thus the emplastrum acidi salicylici may be put on the palms, but it will be found to be painful in a very short time. For this reason also the preliminary scrubbing with *sapo viridis* is not to be recommended. The following ointment, however will be found not only acceptable but efficient:

R	Acidi salicylici	gr. xx.
	Ichthyolis	℥ss.
	Ung. aquæ rosæ	℥j.

M.

Sig. Apply thoroughly twice a day.

If there be objections to using an ointment, the following, which is but a type of preparations to use, will be found very efficient. It is dry, water-proof and not easily removed by friction:

R	Acidi salicylici	gr. xx.
	Cocaini muriatis	gr. iv.
	Traumaticini	℥j.

M.

Sig. Paint on affected parts twice a day.

If objection is made to the dark color of the preparation, the flexible collodion can be substituted as the vehicle. Another set of local applications are the varnishes, which have the disadvantage of requiring more time to dry. A very good form to use is that in which the tincture of benzoin is the vehicle.

No matter what form of local application be employed, it is in the highest degree imperative that it be faithfully applied. If this is done an excellent result will follow. After the lesions have disappeared a bland ointment should be applied at night. An excellent one is the following:

R Hydrargyri chloridi mitis 3ss.
 Unguenti aquæ rosæ ʒi

M.

Sig. Apply thoroughly at night.

A rapid return to the normal should follow a course of treatment such as has been outlined, and it will surprise many to find that such simple measures will prove successful where active internal treatment alone has failed.

Undersized Babies.—Babies born at full term and perfectly developed, although remarkably below the average size and weight, are not very uncommon. Recently the newspapers recorded the birth, in the borough of Queens, of a boy that weighed only a pound and a half. That baby, like others remarkable for diminutiveness at birth, is not unlikely to grow to be a person of ordinary stature.—*N. Y. Med. Jour.*

Mississippi Valley Medical Society.—The four days' meeting of this society, at Chicago, was a pronounced success. The meetings were held October 3rd to 6th, inclusive. Many clinics were held at different colleges, which were open to the visiting members, as well as a number of sanitariums.

The officers to serve for 1899-1900 were elected as follows: President, Dr. Harold N Moyer, of Chicago; Vice-Presidents, Dr. H. A. Cordier, of Kansas City, and Dr. S. P. Collins, of Hot Springs; Secretary, Dr. Henry E. Tuley, of Louisville; Treasurer, Dr. Dudley S. Reynolds, of Louisville. The next meeting will be held at Asheville, N. C., where Dr. Paul Paquin will be pleased to meet his numerous friends.

COLLECTIVE REPORTS ON GLYCERINIZED VACCINE LYMPH.

BY ALBERT C. BARNES, M.D., PHILADELPHIA.

The recent widespread epidemic of small-pox in the United States has necessitated general vaccination, which has afforded excellent opportunities to determine the exact actual and comparative value of glycerinized vaccine.

For the past ten months I have been collecting reports from various infected districts in an effort to ascertain not only the actual value of glycerinized vaccine as a protective against small-pox, but its relative value compared with vaccine points, quills, crusts and the older methods of producing vaccination.

Other objects to be determined were: (1) the value of glycerinized vaccine as a preventive of small-pox; (2) the proportion of successful "takes" in both primary and secondary vaccinations; (3) the relative frequency of complications, such as diffuse inflammation of the vaccinated area — cellulitis, lymphangitis, lymphadenitis, ulcerations, abscesses, etc.—which so often follow the use of vaccine points.

The methods of inquiry adopted in this investigation were by circular-letter and personal inquiry, by large numbers of physicians throughout the country.

In a certain number of cases where wholesale vaccination was practiced, as for instance by health authorities, exact figures could not, for various reasons, be obtained. However, in such instances the reports were conservative and were none the less illustrative and convincing.

In Baltimore, where for several months there has been a number of cases of small-pox, there were employed by the health authorities and physicians in private practice considerable over 100,000 tubes of glycerinized vaccine. Those vaccinated were periodically observed until the success or failure of the vaccination was determined. In not a single instance did small-pox occur in a person vaccinated with glycerinized lymph. Conservative estimate places the number of successful takes as 95 per cent. in primary cases. The vesicles in most instances were typical and uncomplicated with staphylococcic and streptococcic infection. The number of excessively sore arms did not exceed one per cent. of the total number vaccinated.

In Minneapolis, in one series of 3045 vaccinations with glycerinized lymph, there were 29 failures, all of which were in secondary cases, *i. e.*; those who had been previously vaccinated. In the same city a second series of 3875 vaccinations resulted in four failures in primary cases and in 51 failures in secondary cases. All the data collected from Minneapolis show a proportion of 95 per cent. successful "takes" in primary cases and 75 per cent. in secondary cases.

Cleveland records show that widespread vaccination was practiced. Both glycerinized vaccine and points were employed at the beginning, until results proved the vast superiority of the glycerinized lymph, when points were almost entirely abandoned.

In one series of 20,000 cases vaccinated with the glycerinized product there was an average of over 90 per cent. successful takes. Septic complications were also entirely absent.

In Richmond, Norfolk, and Portsmouth, Va., no accurate records were kept of results obtained, but in these three cities there were employed about 120,000 tubes of glycerinized lymph; extensive inquiry concerning results obtained place the successful takes over 90 per cent. In these cities the superiority of the glycerinized lymph over the points in producing successful vaccinations and avoiding septic complications were everywhere noted. The experience of the health authorities and physicians in private practice in Norfolk is particularly valuable. At the beginning of the small-pox outbreak, vaccine points of a standard make were employed extensively. In a large number of cases small-pox in a virulent form occurred among patients who had been vaccinated with points. This shows that the inflammatory reaction which took place at the site of vaccination was due to staphylococic infection and was not true vaccination.

From Philadelphia, Indianapolis, Chicago, Gloucester County, Va.; Pittsburg, Allegheny, Standwood, Ia.; Lisbon, Ia., and over 40 small towns throughout the country, responses to inquiry show that, while no accurate records were kept, the glycerinized vaccine, in comparison with points had proved so superior in producing successful vaccinations (averages from 90 to 95 per cent.) and in affording freedom from septic complications, that points had been largely abandoned in those places in which comparative tests had been made.

In Porto Rico, under the supervision of Dr. George G. Groff,

Major and Brigade-Surgeon U. S. A., extensive vaccination was practiced. Vaccine points in this climate failed entirely, while glycerinized vaccine yielded about 90 per cent. of successful vaccinations.

Dr. R. T. Hammond, Jessup, Md., had vaccinated 236 patients with glycerinized lymph and had but one failure; no excessively sore arms resulted.

A series of 70 vaccinations in private practice in Indianapolis with glycerinized lymph showed successful takes in all but one case. No septic complications.

Dr. F. V. Ely, Pittsburg, secured 36 successful takes in a series of 40 vaccinations with glycerinized lymph. This is remarkable, inasmuch as at least one-third of these cases were secondaries.

Dr. F. A. Crosby, Beach Ridge, N. Y., reports 100 per cent. successful vaccinations with glycerinized lymph in a series of 60 cases. Sore arms were not noted.

Dr. G. G. Rusk, Baltimore, vaccinated 360 persons with glycerinized lymph and obtained a successful "take" in every instance.

Dr. C. T. Mattefeldt, Catonsville, Md., employed glycerinized vaccine in a series of 157 cases, 20 per cent. of which were secondaries; 155 successful vaccinations resulted.

Dr. D. W. Dodson, Nanticoke, Pa., reports that in a series of 250 cases he secured 100 per cent. successful vaccinations with glycerinized lymph.

Dr. J. R. Faust, Mann's Choice, Pa., vaccinated 130 school children and teachers, every one of which was successful.

Dr. A. J. Taylor, member of the Board of Health, Caribou, Maine, reports 200 primary vaccinations, with 30 failures; of the latter 27 were vaccinated, with 14 successful takes. This experience shows the value of revaccination in those cases in which successful result did not follow first vaccination. The average in this series of cases was over 90 per cent. successful "takes."

Dr. W. F. Beyer, Punxsutawney, Pa., vaccinated 300 cases, primary and secondary, and secured 98 per cent. successful takes—in other words, there were but six failures.

A large number of other private reports show that glycerinized lymph yielded from 90 to 100 per cent. of successful takes in primary cases and from 60 to 75 per cent in secondaries

Conclusions.—This investigation proves conclusively that the recommendation of the United States Marine Hospital Service that "glycerinized vaccine only should be employed" (*Public Health Reports*, January 9, 1899) is well substantiated by experience, because:

1. Properly prepared glycerinized vaccine is pure and free from staphylococci, streptococci, and other pathogenic organisms, which are invariably found (Copeman, Crookshank, Pfeiffer, Reed, U. S. A.) on vaccine points.

2. Glycerinized vaccine affords absolute protection against small-pox; vaccine points are uncertain in this regard.

3. Vaccination with the glycerinized products does not cause excessive inflammation of the vaccinated area. Cellulitis and inflammation of the lymph vessels and glands, amounting at times to abscess formation, is a not infrequent sequence of the use of vaccine points.

4. Vaccine points are apt to lead to a false sense of security, inasmuch as they induce a local staphylococcic or streptococcic infection, which is entirely distinct from true vaccination. Such a result is not protective against small-pox.

5. A high estimate of successful takes from vaccine points is, by these and numerous other reports, shown to be not over 60 per cent. in primary cases and a much lower percentage in secondary cases.

6. Glycerinized vaccine has been officially adopted by the governments and health authorities of the United States, Great Britain, Germany, France, Russia and Belgium. It should be universally adopted in private practice.—*From Am. Gyn. and Obstet. Jour.*

Goethe as an Anatomist.—Galen noted an intermaxillary bone in animals, and also ascribed them to man, but centuries later Camper claimed that the lack of these bones is an essential mark of distinction between man and animals, especially the monkey. Goethe revived the discussion, and after considerable research compelled the recognition of the site of the incisors as rudimentary intermaxillary bones. He also tried to prove that the skull is but a higher developed vertebra, and urged that the three portions of the temporal bone should be considered distinct.—*Jour. A. M. A.*

CLINICAL REPORTS.

DERANGEMENT OF THE LIVER AND DISEASE.

BY J. S. MOREMEN, M.D., LOUISVILLE, KY.

Often we find a close relationship between the liver and certain diseases, so close in fact that there seems to be a dependence upon the liver to maintain perfect health. Nearly all febrile conditions are associated with hepatic disturbances, especially constipation or a jaundiced condition. This is seen in different forms of malaria, when the bowels are constipated, the digestion poor, the lymphatics engorged, skin yellowish, even true jaundice. In malarial troubles the administration of the sulphate of quinine often does not stop the ravages, simply because the alimentary canal is not in the condition to facilitate the absorption of quinine. The stomach and intestinal tract and liver are intimately connected with the nervous and circulatory systems, and one being deranged affects the functions of the other. If there is a deficit of hydrochloric acid in the stomach, often found in malaria, the quinine, especially if administered in capsules, passes through the bowel with the feces without being dissolved. In this condition, if the function of the liver can be stimulated, there is an increase of hydrochloric acid in the stomach, and the quinine is absorbed.

Again in portal congestion we have a similar condition, and the function of the liver is off, and biliousness, so-called, is the consequence. Bile is nature's purge, in that it digests or helps digest food which has not been digested in the stomach. It is also a decided laxative, the salts of the bile causing more fluid secretion to be discharged into the alimentary canal, especially the small intestine, and it certainly increases peristalsis.

Often when the physician wants to relieve a deranged liver, especially if functional, a brisk purge is administered, and the system, on account of the quick emptying of the alimentary canal, often loses considerable bile, which in reality should be reabsorbed. The drug administered should be a chologogue and a laxative, not a purge. Chionia, prepared by the Peacock Chemical Company from the *chionanthus virginica*, with the disagreeable properties of the crude drug eliminated, in teaspoonful doses three or four times a day, certainly stimulates the function

of the liver, and causes a discharge of bile into the canal, but not in such quantities as to cause purging, but it acts as a laxative, which soon re-establishes an equilibrium between the organs of the digestive apparatus. Those who live a sedentary life, and pay very little attention to the calls of nature, soon begin to suffer with constipation and biliousness in a mild form. This condition is very promptly relieved by the use of chionia.

A United States Consul's Testimony as to German Medical Unfriendliness to America.—From *N. Y. Tribune*, September 24, 1899. — “GERMANS HATERS OF AMERICA. — Dr. W. J. Hoffman, United States Consul at Mannheim, Germany, was a passenger with his family on the steamer Oldenburg, which arrived in New York on Friday. He was compelled to leave his post and to abandon his scientific investigations at Heidelberg on account of illness, and while in this city, before his departure for Reading, Penn., he was unable to see any one. Dr. Hoffman is a victim of consumption, and, according to the statement made by Mrs. Hoffman, his condition was aggravated by ill treatment which he received abroad.

“‘I would not speak of the matter,’ said Mrs. Hoffman, ‘but I want Americans to know that Germany is no place for an invalid. The object of every one seems to be not so much to relieve the patient as to get his money, and we were surprised to see the physicians were as grasping and as unscrupulous as porters and hackmen.’

“‘By order of the Grand Duchess of Baden, a Red Cross nurse accompanied Dr. Hoffman to New York, and she was one of the party which went with the patient to Reading yesterday.

“‘To people who have seen the Germans as I have seen them,’ said Mrs. Hoffman, ‘all this talk about ‘friendship’ seems ridiculous. Ever since we whipped Spain Germany has hated the United States, and except in diplomatic circles they take no pains to conceal their feelings. They want the American tourist and the American student because they are money mad and grasping, but they never miss an opportunity to sneer at us and to predict our downfall. Their hatred for America has gone so far that it has blunted their sense of hospitality, and the Germans think nothing of making fun of Americans even in their homes when Americans are their guests.’”

CORRESPONDENCE.

DUTY OF THE GERMAN PROFESSION TO AMERICA.

Sir:—In the *Philadelphia Medical Journal*, September 16, 1899, page 497, under the title, “A Duty of the American Student in Germany,” the editor says: “The American believes that the German is a sauerkraut eater, who goes shabbily dressed, never takes a bath, drinks beer at breakfast, smokes a long pipe, is rude to the lower classes, slavishly servile to the upper classes, and has *no manly desire for freedom or independence.*” (Italics mine.—A. S. A.)

He says further: “Very few American travelers come into sufficiently intimate contact with German life to get their traditional errors eradicated, but this should not be true of the student who lives some time abroad. The American who lives a quiet, earnest, manly life, etc., can do something to teach the German, etc. But perhaps he can do still more towards removing those foolish, narrow-minded prejudices which exist on both sides of the ocean, by taking every opportunity when he returns home to try to give his own countrymen the correct notion of the real German life and character, *with its many generous and truly admirable attributes.*” (Italics mine.—A. S. A.)

Here are two instances of an American's intimate contact with some of the medical men of Berlin, which give “the correct notion of real German life and character.”

First: Some extracts (translated from the German) of a private correspondence:

“As to your dispute with Virchow, two days ago I received the correction of my speech, which I made last October in the Anthropological Society. Right following that, your manuscript is printed as prepared by Virchow. I could not read this article and cannot say what has been crossed out and changed. Your manuscript has not been returned; evidently they did not want me to know what was changed of it. After it, an answer of Virchow follows, in which he speaks very sharply against you; but he does not mention my name at all. Every reader will think that Virchow made this speech. In truth, Virchow replied only by a few words, and upon my firm declaration that the vessels represented but little of leprosy; and in an excited way he

said that a "laie" (know-nothing) was not entitled to such a judgment. I have spoken to you about this and Virchow's strange logic in a former letter. To answer Virchow, you must do so in an English or French paper. The American papers are not read very much here and the German papers do not care to dispute with Dr. Virchow.

* * * * *

"In the February sitting of the Society a very young doctor spoke about the ancient history of leprosy and tried to help Dr. Virchow and flatter him. He was going to prove that leprosy was pre-Columbian by a work, *La Lèpre dans l'art*, from reproductions of old Italian church paintings. The whole talk of this Jew was so insignificant that nobody answered, and Dr. Virchow did not seem to be delighted about the help.

* * * * *

"I am also afraid that the whole clique around Virchow and Lassar will more and more adopt an inimical attitude towards you. On Saturday, the 22d, there was the usual meeting of the Anthropological Society, and your manuscript was presented by Dr. Palakowsky, who observed that these writings showed that in the vases in question no leprosy is represented, but at most probably a peculiar form of lupus (uta). Virchow answered in great excitement: 'Mr. Himenes (Madrid) and Prof. Bandebis (of the American Museum) were not competent to decide such a question; that outsiders could only say what the vases did not signify, but not what they represented. He added that he would at the next meeting show the mask of a leper from the collection of Mr. Lassar, by which it would be seen that the mutilations in that mask and those in the clay vessels are the same.

"The fact is that Virchow is furious that you take the liberty to prove to him that he has made a great mistake—a thing which, as all his friends say, he never admits.

* * * * *

"You have no idea of the cowardice and trickery in the Anthropological and Medical Societies of this city. They are all on their knees before Virchow, and they consider it a crime to contradict him.

* * * * *

"After the meeting Virchow approached 'X,' took his hands, and asked him whether Mr. Himenes and Mr. Bandebir were physicians. When answered negatively, he said that in that case

they could not judge whether these works represented leprosy. 'X' answered that these two gentlemen were authorities for him; and that at this moment Dr. Ashmead also represented that opinion. Hereupon Virchow answered: 'Ashmead is not always reliable.'

"See if you cannot win over a great English or French medical paper. The American journals are very little read here.

* * * * *

"In the meeting of the Anthropological Society of last Saturday, Mr. Virchow has not again taken up the old discussion. Perhaps he has come to understand that he was fighting for a lost cause.

* * * * *

"A. and B. can be of no use. A. is a perfect ruin; a fruitful conversation with him is impossible. His last work is only interesting for the psychiatrist. Besides, he has visited only a small part of South America, and that in a quite perfunctory manner. As to his friend B., he has occupied himself with some care only in M. and G., and therefore cannot be of use to you either. The best authorities are C. and D., with whom I am well acquainted, and to whom I shall write to-day sending your letter. C. and D. are really amiable and learned gentlemen, who have worked diligently and still do so, and who have withdrawn from the loathsome intrigues and cliques which prevail here in Berlin.

* * * * *

"When and where will you thoroughly criticise the debates of the Anthropological Society of Berlin? I wait with especial impatience for your answer, and your sharp putting down of the absurd trash of Virchow on page 621 of: 'in regard to . . . ' up to the end of his speech: 'Here only a physician can speak.' It will not be difficult for you to refute the specious observation, which he makes in childish cocksureness.

* * * * *

"Prof. Virchow has in fact been too rash in every direction, and is altogether mistaken—a thing which neither Virchow himself nor his fanatical admirers will ever admit. Several persons are rather angry with you because you oppose Mr. Virchow. Virchow and his party would like to drop the whole matter.

"Are you acquainted with the work of Dr. Lehmann-Nitche in *Lepra pre Columbiانا* in Anal. del Maseo de la Plata, Tomo IX? That presumptuous fool Dr. Carasquilla mistakes the truth

in the meanest way, and is fresh enough to demand that I ask him for permission to state things which are known for a long time.

* * * * *

"On the order of the day of yesterday's meeting of the Berlin Anthropological Society, was the speech of an unknown gentleman, Dr. Bloch (medical), who wanted to speak about the prehistoric leprosy. His speech occupied the last place on the program and could not be made on account of the lateness of the hour. Should this young man attack you, that is, your thorough and critical investigation, you will, of course, send him to the roundabout very quickly.

* * * * *

"Your little manuscript I sent first to Lassar. The *Dermatologische Zeitschrift* has allegedly no use for your manuscript. I offered then your manuscript to Dr. Max Joseph, *Dermatologische Centralblatt*. He declines to print it, as a complete 'referate' of the leper debates has already been printed. I wrote then to Dr. Scheube (Greiz), one of the editors of *Janus*, and he told me that he had sent the manuscript to the *Redacteur* in Amsterdam. Dr. Peyper's reply was as follows: 'From Dr. and Counselor of Sanitation Scheube we received an article of Dr. Ashmead to be published in *Janus*. To our great regret we have a lack of space.'

"I have tried, as you see, in three places in vain to get your great work put in print, and must therefore return it to you.

"As soon as the debates before the Anthropological Society have come to a conclusion, I shall treat the whole question, as also the divers declarations of Mr. Virchow, again and extensively, in one of the papers, in order that the question of pre-Columbian leprosy shall be decided in Germany also in a really decisive manner. Your thorough works must convince every medical man and every Americanist. All leprologists in the lepra conference and in the Anthropological Society told me privately that I was perfectly in the right when I said that those vases represented no lepra. But the disagreeable thing is that none of these gentlemen had the courage to contradict Mr. Virchow. So I undertook to represent my own opinion, an ungrateful task, and I am infinitely thankful to you and to Dr. Glück for having come to my aid so promptly and with such energy.

"Second: The following is a bill of complaint filed with the

German profession of Berlin two years ago, and which received no notice. The concluding letter was afterwards sent abroad. Both these matters are unpublished in America."

TO THE MEDICAL PROFESSION OF BERLIN.

You will find enclosed a reprint which contains certain opinions which I feel compelled to bring to the attention of the Berlin medical world in the interest of international honor. Dr. Edward Ehlers is therein charged with dishonorable conduct, unbecoming a physician and a gentleman. In addition to the charges herein contained, I charge Dr. Ehlers with an attempt to smother my work; that is, my work anterior to his, by returning me, *unopened*, a letter which I had written him enclosing a synopsis of the work done by me all over the world, which I had addressed to the leprologists of Berlin. That letter and that synopsis will be found on pages 15 and 16 of my pamphlet, "Efforts in Behalf of the Formation of an International World's Committee for the Suppression and Prevention of Leprosy." No letter from him accompanied the returning manuscripts. It was an ungentlemanlike, and, I might say, savage proceeding, and based upon an improper motive. He evidently intended to keep from becoming public the work which Goldschmidt and I had done *anterior* to his. What other reason could he have had? Not the opinion expressed by me that the Berlin debate could not, in any material and really beneficial way, influence the condition of the lepers. I suppose there is no man, having gone to school in a community of civilized men, who will not allow his fellow to express his honest opinion.

Dr. Ehlers wrote to me September 15, 1896, that "he did not begin a trial of the realization of his Congress (conference) until the Third Dermatological Congress, London, August, 1896." At that time our work was in full blast, known all over the world, and could not well be unknown to Dr. Ehlers, who knows how to read, and, I suppose, corresponds with some civilized persons. Any unprejudiced person, examining the facts, will come to the conclusion that it was our work that stirred him to action. Since the time when he first came into contact with the lepers of Iceland (1894), of whom he treated 159, he had been, it seems, off and on, dreaming of some possible measures to be taken. This came to a head in the month of August, 1896, in London, when he discussed it with Prof. Lassar. After such a long gestation this Scandinavian mountain was brought to bed with a mouse—a *debate* about leprosy in Berlin. Dr. Lassar, after that meeting in London, communicated with Dr. Goldschmidt, not in the Copenhagen fashion, but as a gentleman, apologizing for the publication of Dr. Goldschmidt's (but he never printed the retraction!) plans without giving him credit. I therefore express a wish that in the interest of international honor, and for the honor

of the Berlin Committee, a commission of medical men be appointed to determine the question of priority of the ideas of international measures, and a permanent international committee for the suppression and prevention of leprosy.

I have the honor to sign myself,

Your obedient servant,

New York.

ALBERT S. ASHMEAD, M. D.

AN OPEN LETTER TO LEPROLOGISTS.

Sir: To examine (perchance only to see) lepers in Iceland is not the same thing as being engaged in the medical service of a leper country. The lepers in Iceland have to be taken care of in the same way as any other patients, except that they must be prevented, by emigrating, from inoculating other countries. In Japan, for instance, the matter assumes proportions which reduce the Icelandic condition almost to nothing. Here the treatment of the disease, especially as the disease is incurable, is the smallest item. The main problem is the social element. Consider the fact that the existence of even one leper in the course of generations debars any of the family from intermarriage with healthy families. The leper need not exist at the moment; it is sufficient that he has existed. Hence the necessity for concealing the fact of the existence of leprosy in the family.

In order to preserve the social standing of the family, all its members will insist on the immediate casting out of the leper. What becomes of these outcasts? They are homeless. There are no poor-houses; homeless means wandering beggary. This is a phase of the leper problem, and it is not known in Iceland.

Any one who has lived in a leper country, even under these conditions, will see the necessity of governmental influence employed for the suppression of leprosy. He will see how delicately the matter must be handled. Then there is the Buddhist church, all powerful, even in free-thinking modern Japan. For centuries it has been the tradition of that church to make a pretense of caring for leprosy. To attack through Christianity the leper problem of Japan would array against you all the Buddhist influences of the empire, from the Emperor down, who is as much the head of the Buddhist church there as Queen Victoria is of the Established Church of England. Here is a problem of which Iceland wots nothing, neither does Dr. Ehlers, in spite of his enormous number of 159 lepers whom he looked at there.*

*He examined, himself, 102 lepers, and thus became a very well known leprologist indeed. There were 42 patients who had not the happiness of being examined, on account of the enormous distances. He did not mention having done any good to those who came under his observation, although they made of him the well-known leprologist he is. Far from it; he had hardly left the soil of Iceland, when, lo and behold! 15 lepers, of whose existence he had not been aware, cropped out suddenly. And now this untoward evidence worked so morbidly upon the great doctor's phantasy that he cries: "It cannot be an exaggeration to say that there are at least 200 lepers in Iceland!" Ninety-eight of these have never been examined by Dr. Ehlers.

Only by international laws can these problems be solved. To appeal directly and exclusively to Tokio would be of no avail. The answer would be silence. Leprosy is a subject with these people, any mention of which is always met with silence. With an international committee it might be otherwise. That is what Dr. Goldschmidt and I understood, and that is what Dr. Ehlers, the looker-at of 159 lepers, has never been able to understand.

It is astonishing, and almost incredible, how little gas is necessary to inflate certain balloons. Here is Dr. Ehlers, who, with sublime arrogance, commands Dr. Goldschmidt to apologize for having claimed what was evidently his. Here is the same Scandinavian savant telling Dr. Ashmead that he is a thief, and sending back brutally, by the mail, to the same doctor, a letter containing nothing more criminal than a synopsis of work done by him, a synopsis of which Mr. Ehlers availed himself most unscrupulously. And why this grandeur! this superb disdain? Here is the simple foundation. He has looked in Iceland at 159 lepers. This sufficed to inflate his balloon.

Yours truly,

ALBERT S. ASHMEAD.

From these evidences of real germ life and character, "*with its many generous and truly admirable attributes*," one member of the American profession has got "his traditional errors eradicated."

ALBERT S. ASHMEAD, M.D.

HOCH! DER GERMAN MEDICAL SCIENCE.

The Meat-Juice Treatment of Leprosy.—From an Irish bull or a Schlesweig-Holstein cow, take a Hamburg (Unna) steak, express the juice—not that you will find much; but I warrant you you will find as much juice in der Irish bull or a German cow-steak as you will find immunity in the muscle of a leper.

Infect this, and, mind you, with a grain of salt, into the blood-current of a leper. Not that the blood-current is immune in lepers, or will this juice be poisoned by the toxins of leprous blood before ever it reaches the affected area! Of course not. If it was so, the whole theory upon which is built Unna's new method of treating leprosy, which was put into practice only by a Dutchman, would fail. It is but a step from the Carrasquilla treatment by injection of horse-juice to that new treatment by injection of cow juice. If there is no virtue in Carrasquilla's horse serum, as everybody recognizes at present, why should there be any in this beef juice? If there is any immunity against leprosy

in the world, it is in the horse: there is at least as much there as in the cow. And Dr. Unna, as well as any other dermatologist, cannot make succeed what Carrasquilla and every other leprologist has failed at.

Hematherapy in leprosy is a myth; since there does not exist such a thing as tissue immunity in lepers.

ALBERT S. ASHMEAD, M.D.

The Decreased Birth-Rate in France.—One hundred years ago it was reckoned that the Great Powers of Europe numbered about 98,000,000 inhabitants, and of these 26,000,000, or 26.5 per cent., were French; to-day, out of about 300,000,000, only 38,000,000, or about 12.6 per cent., belong to France. As Dr. Henry May has shown, the English birth-rate is also declining, though at a much less rate, and it is probable that the same causes as are at work in France are making their influences felt in England also. The principal of these causes is undoubtedly one which is well described by a recent writer on the subject in the *Journal de Médecine de Paris*: "The dearth of children in France is due to the fact that the French people do not choose to have families. This defective natality can not be laid to the charge of poverty. The richer a Frenchman, the fewer children he has. This is equally true in town and country. * * * Grenoble, one of the poorest parts of France, heads the lists for births, while the Champs Elysées is at the foot." That the above view is correct is borne out by a consideration of the fecundity of marriages. The number of legitimate births annually per 1,000 married women is 115 in France, 184 in Italy, 186 in Norway, 190 in England, 202 in Germany, and 205 in Scotland. According to the 1891 census, there were in France 22 families out of every 100 which had only 2 children living, and 24 out of every 100 families which had only 1 living child. The so-called neo-Malthusianism is principally responsible for the above disastrous conditions. Malthus and his disciples, in their zeal to prevent an overpopulation—which is, to say the least, a very remote danger—have "o'erleapt" themselves, and the French will have them to thank if ever she suffers eclipse as a military nation.—*Ex.*

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EDITORIAL.

VITAL STATISTICS AND THE TWELFTH CENSUS.

We have received official documents from the Department of Vital Statistics of the twelfth census of the United States.

Physicians and students of mortality statistics will be interested in learning of the work now being accomplished by the Chief Statistician of Vital Statistics of the United States Census, by the authority of the Director, Hon. William R. Merriam. It is a practical effort, necessarily of limited scope, to secure the adoption of a uniform certificate for the return of deaths and looking toward the establishment of a common national system of collection of vital statistics for the purpose, primarily, of the census tables and publications.

Correspondence has been had by the Chief Statistician, Mr. William A. King, with the officers in charge of mortality registration in the States employing such a system, and in the cities having a population of 5,000 and more at the last census which also collect and register death returns. Complete and accurate information of the different methods in vogue has been obtained, and it was found that there is much unnecessary and objectiona-

ble variation, considered from the census point of view, in the form of official returns.

Having no power to compel cooperative action, and hampered by want of time in which to carry out the whole project, nevertheless the census office undertook to secure the modification or amplification of the death certificates so as to have them include the items necessary to obtain census data. A model return form was prepared and submitted, with explanatory correspondence, to each registration office or officer controlling the preparation of the State or local forms.

The result has been more important and gratifying than even the census office expected, as not only have the items in the specimen form been very generally adopted, but the registration officers have abolished many practically obsolete local variations in their certificates and the latter have been made to conform to one standard more nearly than ever before.

The promptness and willingness displayed by the State and local officers in complying with the request of the director has been surprising as well as gratifying. The benefit that will result to the census office and to science from this first step toward the goal of national uniformity is incalculable, but it will be seen readily that the study of the natural law of the growth of the population is made easier and more certain.

The Director of the Census confidently expects that physicians everywhere will appreciate the desirability of the new order of things, and that they will earnestly and actively cooperate in securing prompt and accurate mortality returns of the uniform character required by Congress and sought for by statisticians. He recognizes the fact that failure on the part of physicians to give vitality to the common standard by carefully reporting the items that may be new to their certificate will be fatal to the end in view.

THE QUESTION OF PRE-COLUMBIAN LEPROSY.

In a review of Robt. Lehmann-Nitsche's article, "*Lepra Pre-Columbiana*" (*Rev. del Museo de la Plata*, Vol. IX., 8vo., pp. 34, with 1 plate and 12 figures, La Plata, 1898), Dr. H. Palakowsky writes as follows in *Petermann's Geogr. Mitteilungen*, 1899, heft VIII.: The author next draws attention to the proceedings of the Berlin Anthropological Society which took place in 1895, and which took up the subject of Peruvian clay

statuettes. These latter represent mutilated human heads and bodies, and the discussion was begun by Dr. Ashmead of New York. I refer to the beginning of this discussion, which has become a very lively one, to the proceedings of the Anthropological Society and to my article in the proceedings, 1898, p. 187. The author then calls attention to the exhibit of all the pottery of this nature at the Leprosy Congress, and to the short contribution which I made at the close of Prof. Virchow's speech, and then he proceeds to the latest discussion of this question, which began at the October meeting of 1897 in the Anthropological Society of Berlin. Dr. Carrasquilla had promised me the evidences, *i. e.*, the literary references where could be found the fact that ancient Peruvian justice punished criminals by cutting off their nose, upper lip, feet, etc. Dr. Carrasquilla did not keep his promise, and I spoke of the manner in which he had avoided the subject at the October meeting of the Anthropological Society in 1898. Mr. Lehmann-Nitsche then occupied himself with his well-known thoroughness with this question, and presented to the Scientific Congress of Latin America, which met at Buenos Ayres in April, 1898, some 10 pieces of pottery from the Peruvian collection of the La Plata Museum; which are very similar to those described and figured by Ashmead and to those for the study of rhinology in the Berlin Museum. He discussed the question on the meaning of the mutilations which were presented. Dr. Valdés Morel of Chili expressed the opinion that these mutilations of the nose in the statuettes and pottery did not represent cases of leprosy, but of lupus; and Dr. Soramer of Buenos Ayres said: "I declare categorically that the mutilations presented here cannot be referred to leprosy." He even explains that the mutilations of the feet are not dependent upon leprosy. But he also expressed himself opposed to the opinion that there could be any question of lupus; and, at the conclusion, regretted that the leprosy conference did not conclude as he had expressed himself upon the signification of this pottery.

Mr. Lehmann-Nitsche next speaks of the discussion in the November and December meetings of the year 1897 of the Berlin Anthropological Society, and then gives a short description of the pottery of the Museum of La Plata. Good photographic illustrations and wood engravings are added. The meeting then goes into a special consideration of what the word "Llaga" means, in which he employs information furnished him by Dr. R. Levvy of

Santiago. He endeavors to prove that "Llaga" is a general term for wounds and injuries of the skin, and especially for ulcers, but draws the false conclusion from this, from my point of view, that the Llaga of Peru is not a special disease. This Llaga is called "uta" or "uti" by the majority of authors, and described by many as an endemic form of lupus of the hot valleys of Peru. I have mentioned the most important literature on this subject in my contribution before the Anthropological Society in October, 1898. Here follow extracts from a letter from Carrasquilla to the author, in which new arguments are brought to show that leprosy did not exist in pre-Columbian times. Dr. Carrasquilla is impelled by a comic zeal to bring up everything which was worthy of mention in his speeches in the long discussions which I had with him. Every intelligent person who will read my contributions will see that I have credited Dr. Carrasquilla with priority with the greatest care, and mentioned his name on every occasion when it really concerned facts until then not known. Dr. Carrasquilla brings further interesting proofs for this, that our pottery does not represent leprosy, and insists upon his original contention that the representation is that of criminals who have been punished. Here the pretended "proofs" for this view are given. They are of an extra lamentable nature. Mr. N. Restreps writes in his book: "Los Chibchas anter de la conquista española," that the Chibchas cut off the hands, noses and ears of criminals and punished lighter offenses with whipping. Dr. Carrasquilla acts as if he had a mass of similar "proofs" at hand, but had no time to make closer investigations. As a matter of fact, he produces from the above book but one case according to which a Chibcha Indian was punished by having one hand and his nose cut off. I read the book of Restreps another time and found no place which is connected in any respect with the administration of law in the Kingdom of the Incas. What will excite pity, however, is a letter of Dr. Carrasquilla of October 7, 1898, which Dr. Lehmann-Nitsche places as a preface to his work. In this letter Dr. Carrasquilla contributes as probable and as a new and important discovery the generally well-known fact that the Maya Indians draw blood from various parts of the body for cultural purposes. It certainly requires the imagination of the discoverer of the infallible serum against lepra to discover a connection between this custom of the Kingdom of Maya and the ancient Peruvian figures of pottery.

Dr. Lehmann-Nitsche, at the conclusion, brings up the names of a few physicians and students of Americana who have distinctly stated that our pottery does not represent lepers. I could markedly increase this list, but will limit myself, in mentioning the latest work of Dr. Ashmead, which I received within a few days and is to be found in the March, 1899, issue of *The Canadian Journal of Medicine and Surgery*. It may further be said that Virchow alone contended the contrary. What Dr. Virchow really did say before the Leprosy Congress I have quoted in the article mentioned in the Transactions of 1898. He expressed himself much less positively before the Anthropological Society, but turned with much energy upon Dr. Ashmead and me, who had clearly explained that leprosy was not all concerned in the matter. Unfortunately this short observation of Prof. Virchow, directed against me at the October meeting of 1898, was not printed. It is not necessary to be a physician to recognize the fact that our pottery does not represent lepers; it is only necessary to make careful comparisons with the numerous photographs of lepers, as they can be found, for example, in the small brochure of P. Johann Wehinger: "Drei Jahre unter den Aussätzigen," which is sold in Vienna, Postgasse No. 4, for the benefit of lepers. Besides, Dr. Virchow has acquired latterly an ally in the person of a young physician, Dr. Block, who, at the February meeting of the Anthropological Society in 1899 declared himself for the existence of a pre-Columbian leprosy. His demonstration was of such a weak nature that it did not appear necessary for me to enter the discussion again.

Western Surgical and Gynecological Association.—The ninth annual meeting of the Western Surgical and Gynecological Association will be held at Des Moines, Iowa, December 27 and 28, 1890. Surgeons and gynecologists of the great West are cordially invited to affiliate themselves with this association. The secretary will be glad to send application blanks on request. Titles of papers should be sent to the secretary as soon as convenient, but not later than November 20, to insure a place on the program.

H. C. CROWELL, Pres., Kansas City, Mo.

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MEDICAL PROGRESS.

MEDICINE.

Familiar Clinical Pictures.—Among the most prevalent cases that physicians are called upon to treat at this season of the year are pneumonia, typhoid fever and la grippe.

There are in each instance well-defined, characteristic symptoms of organic disease, resulting in disturbances of practically all the functions of the body. In consequence of this morbid process the vital force becomes diminished through the excessive febrile conditions, thus checking nature's normal work. With advance in knowledge in the use of antipyretics, clinical observation based on practical experience at the bedside reveals the fact that practitioners invariably obtain the most gratifying results from the use of liquid antipyretic (Tilden's) in the febrile conditions of the above-named diseases; particularly is this applicable in stubborn complications accompanying la grippe. Liquid antipyretic (Tilden's) antagonizes both febrile and cardiac depression by building up the natural functions of the body, giving nature the needed opportunity of resuming its normal work, for in so doing it is regarded as one of the most valuable antipyretics at the profession's command.

℞ Ammonia muriat 3j.
 Syr. Pruni. Virg.,
 Liquid antipyretic (Tilden's) āā ʒiss.
 M., ft. sol.

Sig. Teaspoonful every three hours in pneumonia and la grippe.

The Etiology of Beri-Beri.—According to the *Boston Medical and Surgical Journal*, the *British Medical Journal* refers to an interesting contribution to the subject of beri-beri, in which Dr. Laurent gives an account of a sharp epidemic of this disease which attacked the Annamite soldiers forming part of the French troops of occupation of Chautabun (Siam). Acting on the view of Dr. Brémaud, that fat plays an important part in the prevention of beri-beri, steps were taken to include this important article of diet in the rations, and in forty-eight hours the epidemic was arrested. That the absence of fat in the dietary is not the sole factor in the production of the disease was proved by the fact that one of the worst cases occurred in a

Frenchman; but he was the only European attacked, and rapidly recovered on removal from Chautabun. This case would point to an infectious factor. On his return to Saïgon, Dr. Laurent had an opportunity on the voyage of visiting the island convict settlement of Poulo-Condore, where he found beri-beri very prevalent—in fact, there had been 360 deaths from it in the year, and there were no fewer than 160 cases under treatment. His experience of the influence of fat on the course of the Chautabun epidemic led him to recommend its trial, with beneficial results. Commenting on the foregoing, Dr. Brémaud refers to his experience of the Poulo-Condore settlement in 1877-78, when the cutting off of fat in the dietary of the convicts was followed by a severe outbreak of beri-beri, with many deaths. The epidemic immediately ceased when the original fat-containing diet was resumed. Dr. Brémaud also observed an outbreak on board the English vessel "Ilione" in 1879, whilst in charge of a consignment of coolies shipped from Pondicherry to Martinique. During the voyage, which lasted four months, Mohammedans only were affected by the disease. On religious grounds they systematically abstained from fat (pork). The other coolies who partook of the pork escaped. These facts certainly point to the importance of fat, and there should be no difficulty in putting the views of the French observers to the test. In this connection it would be interesting to know what part fat formed of the dietary of the Richmond Asylum, Dublin, before the appearance of beri-beri there. There can be no doubt that suet, dripping, fat pork, the fat of milk, and so forth, are most valuable articles of diet, and their exclusion from the dietary a fruitful factor in the development of rickets, tuberculosis, and possibly of leprosy also.

THERAPEUTICS.

Serumtherapy in Syphilis. — Investigations into this method of treating syphilis have continued, but as yet without encouraging results. Moore, however (*Brit. Med. Jour.*), speaks well of the treatment of primary venereal sores and their complications by the injection of antistreptococcus serum. He arrives at the following conclusions:

1. While recognizing the great importance of early local antiseptic treatment of the chancroid, he believes that if 5 c.c. of

the serum are injected subcutaneously into each inguinal region in cases in which inflammatory bubo is likely to develop, it will prove a good prophylactic measure, and assist in healing the chancroid.

2. If a bubo has already developed, and the acute inflammatory symptoms have not been present more than forty-eight hours, 10 c.c. injected into the inguinal region corresponding to the inflamed gland will cause resolution in the majority of cases.

3. If there is evidence of pus formation, the serum may possibly limit the extension of the suppuration, but in this class of cases the results have been anything but satisfactory.

4. The serum should always be injected into the area drained by the infected gland.

5. In phagedenic ulceration complicating venereal sores this serum would appear not only to neutralize the toxins in the blood, but also to bring about a healthy condition of the ulcer.

The author's experience is limited to forty-eight cases, and in view of the want of success attending the use of antistreptococcus serum in septic cases generally, a much wider trial would be advisable before speaking dogmatically as to the benefits to be gained by such a procedure.—*Practitioner*.

Neuralgia of the Trigemini.—Hirschhorn recommends this:

R̄ Ext. cannabis indicæ	0.50 cgm.
Acid. salicylici	5.00 gm.
For ten cachets.	S. One three times a day.

—*Medical Record*.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Relative Toxicity of Cocain and Eucain.—In a very interesting paper on this subject, read before the Section of Stomatology of the American Medical Association at its meeting in Columbus last June, Dr. A. H. Peck arrives at the following conclusions (*Jour. Am. Med. Assn.*):

1. The action of cocain is inconstant; one never knows whether the symptoms occasioned by like quantities of the drug, in animals or individuals, under like circumstances, will be similar or dissimilar.

2. The action of eucain is constant. The symptoms occasioned by the use of like quantities in animals under like circum-

stances, and so far as my experiments have gone, in different individuals also, are the same.

3. The first action of cocain on the heart is that of a depressant, and on the respiration it is that of a mild stimulant, the after-effects being, on the heart, that of a decided stimulant, and on the respiration, that of a decided depressant.

4. The first action of eucaïn on both the heart and respiration is that of a stimulant, the after-effects being that of a decided depressant.

5. Cocain causes death in animals by paralyzing the muscles of the respiratory apparatus, the heart's action continuing in a feeble way for a brief period after breathing ceases.

6. Eucaïn causes death in animals by paralyzing the muscles of the heart and of the respiratory apparatus, they ceasing to operate simultaneously.

7. Eucaïn in toxic doses nearly always causes nausea, and occasionally vomiting.

8. Cocain is much less nauseating and scarcely ever causes vomiting.

9. Eucaïn is decidedly a diuretic, causing renal discharge in a majority of instances in which a toxic dose is used.

10. Cocain is not a diuretic to any appreciable extent, renal discharge having occurred in only one instance in connection with all my experiments.

11. The pupils of the eyes, in nearly all cases of cocain poisoning, do not respond to light and are more or less bulging from their sockets.

12. The pupils of the eyes in most cases of eucaïn poisoning do respond feebly to light, and rarely ever bulge from their sockets.

13. The action of toxic doses of eucaïn is more like that of a paralyzing, tetanoiding, convulsion-producing agent, than it is like an anesthetizing one, the plantar and cremasteric reflexes nearly always responding.

14. Toxic doses of cocain cause general anesthesia in connection with the other symptoms in the majority of cases.

15. True tetanus, of all striped muscles of the limbs, and Cheyne-Stokes' breathing nearly always occur with the use of cocain, but seldom does either occur when eucaïn is used.

16. Cocain is at least three times more toxic than beta eucaïn, and alpha eucaïn is as toxic as cocain.

17. Boiling does not destroy the efficacy of cocain, but it does modify it, and boiling in no degree lessens the efficacy of eucaïn.

The above deductions have been made only after many experiments in connection with each individual point. I have observed many interesting features in connection with the relative worth of these drugs as local anesthetics, but this paper is not to treat of this phase of the work. There is much experimental work yet to be done in this connection, the results of which I shall be pleased to present at some future meeting.

DISEASES OF WOMEN AND CHILDREN.

Heroin in Pediatric Practice.—Dr. F. C. Floeckinger (*American Therapist*, June, 1899) reports his experience with heroin, especially in pediatric practice. An epidemic of measles afforded him an abundant opportunity for this purpose, since 65 per cent. of the cases was complicated with respiratory disorders, usually acute bronchitis. In these cases heroin was administered in doses of $\frac{1}{80}$ to $\frac{1}{30}$ of a grain, according to the age of the child. A diminution of the irritating cough was noted within a short time, the respirations became more prolonged and deeper, and on the second day an increase of expectoration was observed. In a few instances vomiting occurred after taking the drug, but this happened only in cases in which there was weakness of the stomach and disturbances of the digestive functions, and disappeared after removal of these disorders. In a few cases of lobular pneumonia, with marked irritating cough and dyspnea, heroin was ordered in combination with salicylate of sodium. This mixture in combination with small doses of strychnia sulphate promoted speedy recovery. In conclusion, Dr. Floeckinger states that heroin is a sedative par excellence in diseases of the respiratory tract; that stagnation of exudations does not take place; that the drug is devoid of any injurious influence upon the heart; that unless taken on an empty stomach gastric disturbances never occur, and that habituation is never produced even after prolonged administration.

Ovarian Pregnancy.—At the third International Congress of Gynecology and Obstetrics, recently held in Amsterdam, Mlle. Catharine von Tusschenbroek of Amsterdam (*Lancet*) said that the specimen which was the object of the demonstration was obtained by an operation of Professor Kouwer of Utrecht. The

case was one of hemorrhage into the peritoneal cavity, with all the characteristic clinical symptoms of ruptured ectopic pregnancy. The patient was thirty-one years of age, the mother of five children, and was in good health until the moment of the catastrophe. Her last menstruation was six weeks previously. The diagnosis of ruptured ectopic pregnancy was made, and laparotomy performed at once. As soon as the abdomen was opened a great quantity of dark-colored blood gushed forth. The patient was brought into Trendelenburg's position. The uterus proved to be soft and somewhat enlarged. The left ovary and tube were normal; at the right ovary was found a tumor as large as a walnut, to which blood clots adhered. The right ovary and tube were removed. The tube was quite normal; the fimbriae were somewhat conglutinated, but the lumen was free. Pathological adhesions between the ovary and the tube did not exist. The tumor and the ovary showed near the top the place of rupture, from which a ruddy fringe came forth. After being hardened, the specimen was opened by a median section going through the fringed opening. By this section the gestation sac in the tumor was cut in two halves, and all embryo appeared of about twelve millimetres in length, fixed by a short and thick umbilical cord. Macroscopical inspection left no doubt that the case was one of ovarian pregnancy. Microscopical investigation showed that the impregnated ovum had developed within a Graafian follicle. That was proved by the fact that the wall of maternal tissue which surrounded the ovum showed the structure of the ruptured Graafian follicle—the well-known corpus luteum. Decidual transformation of the connective tissue in the ovisac was nowhere to be found. The fetal elements were quite the same as in normal uterine placentation. The fetal villi showed the plump and irregular forms which belonged to this early stage of pregnancy. Their epithelial investment consisted of two layers—Langhans's cells and the syncytium. The latter was in many places ciliated. The conclusions which Mlle. von Tusschenbroek came to were as follows: 1. Ovarian pregnancy was a fact. 2. Ovarian pregnancy meant pregnancy in a Graafian follicle. 3. The wall of the pregnant Graafian follicle not being transformed into decidual tissue, they must conclude that for the implantation of the ovum Webster's decidual reaction was not a *conditio sine qua non*. 4. One piece showing a regu-

lar development of characteristic syncytium, they had a new and incontestable proof that syncytium had nothing to do with uterine or tubal epithelium, and was an offspring of the fetal ectoblast. —*N. Y. Med. Jour.*

A Pipe-Stem in Utero.—This very curious occurrence is reported in the *Medical Record* by Dr. William J. Greanellé. He goes on to say: S. J——, female, colored, a cook by occupation, was sent to me by her mistress for relief from "irregular menstruation." She stated that she was twenty-seven years of age, a widow, and that her husband had been dead two years. She had, so she said, suffered from irregular menstruation with some colicky pains for five or six months, and that she had been under treatment during this time at varying intervals, but without relief. Menstruation (she said) had appeared at intervals of two and three weeks since December last, the last flow having appeared a week prior to her first visit to me. When asked if she had at all thought that there might have been some "special cause" for her troubles (pregnancy), she said, "My husband has been dead two years."

On bimanual examination I found the uterus somewhat larger than a Bartlett pear, and, most astonishing, a hard body presenting from the cervix. With some difficulty I succeeded in extracting a semi-cylindrical affair to which was attached a small loop of string. Somewhat confounded at first, my patient finally took refuge in the statement that she thought "the other doctor had put it there" (six weeks before), but on urging her I succeeded in getting her to admit that she "might have been pregnant, but did not know it." She claimed never to have seen the foreign body before.

When this foreign body was washed and dried, I came to the conclusion that it was a half of a celluloid pipe-stem. Evidently an old pipe-stem had been soaked in water until it had straightened out and split longitudinally. Along the centre of the flat side was the nicotine-stained streak representing one side of the canal.

Upon learning these facts her mistress decided to have nothing to do with her further than to see that she went to hospital. I gave her a note to one of the city hospitals with a brief statement of the facts. She promised to report to me in three weeks' time.

Strangely enough (I had been called from my office for a moment during her second visit), when she left the house and I turned to put up my new pipe-stem in a safe place, I found it had disappeared as strangely as it had at first appeared in the woman's uterus, but no doubt through the same mysterious hands.

SURGERY.

Surgical Hints.—The following valuable hints occur in the *International Journal of Surgery*:

If you expect to use a thermo-cautery during an operation, see that your assistant wraps the handle in a sterilized towel before handing it to you.

Don't spend half an hour in carefully sterilizing your hands, and then wipe them on any old towel that is lying around. Work with wet hands if you can't obtain a sterile towel.

An enlarged prostate often projects, as it were, into the bladder, thus increasing the length of the urethral canal. Hence an instrument must often be introduced farther than usual in order to reach the urine.

Look at the foot when a patient complains of enlargement of the femoral lymphatics. A suppurating ingrowing toe-nail or any other septic condition of the toe or foot is probably at fault. If this is properly attended to the glands will soon subside.

Large glands in the neck of adults or old people are very apt to signify that a malignant process is taking place in the neighborhood; hence it is always well to examine the mouth, the tongue, the nose and the throat carefully in such cases.

In general operative work, it is always useful to have two kinds of artery forceps, pointed and blunt-jawed. The pointed artery forceps are most useful for vessels in and near the skin, as they crush less tissue. The blunt-jawed forceps permits more rapid and efficient hemostasis in the deeper tissues.

In the treatment of fractures of the long bones, it is practically impossible to bring the broken surfaces end to end in perfect approximation. Our object is simply to accomplish this as nearly as possible, and in the lower limbs to secure such extension as will result in a bone of normal length.

After amputations, never wait to apply an artificial limb be-

yond the time when the stump is well healed and the patient is strong again. Disuse of the stump for too long a time makes it less able to stand the artificial limb. The only exception to this rule is where the operation was done for malignant disease, where early pressure and concussion might favor a return.

In injuries of the skull requiring operation, it is well to remember that the prognosis depends a good deal upon the region involved. Thus in a series of over 800 cases it was found that the mortality was one to sixty when the anterior brain was affected, whereas it was one to thirteen in injuries of the central and posterior regions, and one to four and a half in those situated at the base.

Some Points in the Treatment of Appendicitis When Pus Is Present.—Dr. George Woolsey (*N. Y. Med. Rec.*, April 1, 1899) concludes an article on this subject by stating that the following facts may be emphasized:

1. In operations for appendicitis, when pus is present, the first consideration is the life of the patient, the second the avoidance of disagreeable sequelæ, of which ventral hernia is the most common, and hence the most serious.

2. Post-operative ventral hernia may be largely avoided in spite of the necessary use of drainage. 1. By the use of the McBurney muscle-splitting incision. 2. By suturing most of the wound, and (a) the use of provisional or secondary sutures in the part left open for drainage, or (b) the early removal of the gauze drain, facilitated by the use of the rubber-tissue collar where it passes through the wound, allowing the walls of the cavity and sinus to become approximated, thus avoiding the necessity of filling up by granulations.

3. By the latter method complete and firm wound union has been obtained in fifteen and one-half days on the average, and in all ordinary cases inside of three weeks. To this end the appendix should be removed if possible.

4. The relative frequency of hernia following pus cases with drainage is another argument for early operation in appendicitis. It is also an answer to the charge that surgeons are too eager to operate for appendicitis, not infrequently expressed by physicians who would defer operation until the chance of success is diminished and the danger of post-operative hernia is increased.

Drainage in Pelvic Suppurations.—In an interesting article by J. G. Clark, in the Johns Hopkins Hospital Reports (Vol. VII., Nos. 1 and 2), after describing the action and function of the peritoneum, the reasons are described which lead Kelly to give up drainage in most operations on the pus tubes and other forms of pelvic suppuration.

Clark points out: 1. That drainage of the pelvis is often not effective in removing fluids and infectious matter. 2. That the normal peritoneal currents toward the diaphragm are disturbed or retarded by drainage. 3. That the reactive inflammation about the drain limits the action of the peritoneum, cutting it off from participating in absorption. 4. That capillary drainage of gauze is often delusive, the meshes becoming filled by a coagulated serous or bloody fluid. 5. That observations by Robb and others have shown that infection is often conveyed from without by means of drains. 6. That pus in the pelvis rarely contains living organisms at the time of operation (staphylococci or streptococci in only 2 to 4 per cent. of cases). That post-operative hernia is due to drainage in at least 8 per cent of cases in which an extensive drain was used.

DERMATOLOGY AND SYPHILOLOGY.

Stigmata of Syphilis in Children.—Dawbarn, in a paper read before the New York Academy of Medicine, gives the following stigmata of syphilis: "The old-man appearance;" the sallow look to the skin; an extremely thick umbilical cord, which was unusually long and slow to separate; the syphilitic pemphigus in the form of large bullæ or blebs, which was almost always fatal; the vesicular form, not quite so fatal, but indicating a severe type of the affection; the erythema, which was the common eruption, appearing usually in the lower part of the abdomen about three weeks after birth, and called by some authors "syphilitic penny pieces." In only about twenty-five per cent. of the cases of inherited syphilis was any eruption observed. Condylomata at the orifices of the body were seen early. Snuffles was common, and the mucous patches, ulcerations and gummata in the larynx were the cause of the characteristic crying and speaking.

A general stomatitis, when mucous patches were absent, was important, and at times there was a peculiar desquamation of

the tongue. General enlargement of the lymph glands was absent in congenital syphilis, in contrast to the acquired form.

Hemorrhages from sound or ulcerated mucous membranes, and pneumonia accompanying or developed soon after birth—the “white pneumonia” of Virchow—pointed usually to syphilis. The spleen was almost always involved, and syphilitic hepatitis was at times observed.

Then the Hutchinson triad, the notched teeth, the ground glass cornea and otitis media. A rapidly-occurring alopecia, also a paralysis appearing suddenly and quietly, are suspicious signs, while a rarer condition is a painless orchitis. The earliest and most common sign was osteochondritis of the shafts and epiphyses of the long bones; at times this is the only sign, and is usually found at birth or in the first month; the swellings are usually sharply limited and tender on pressure. The syphilitic periostitis comes later, especially the bosses about the fontanelle. The finger nails have sometimes peculiar forms of onychia, especially the claw form. The temporary teeth were cut very early, of bad color, and liable to quick decay. There was thus good reason for the popular opinion that it was bad luck for children to have teeth at birth. Hutchinson's teeth were observed only in the permanent teeth, in those who had had sore mouth at an early age. The notching of the lower edge, the peg and screwdriver shapes, were common. In late cases irregularities, hypertrophies and asymmetries of bony development were seen. The deformities of the nose were characteristic; also the changes in the tibia.—*Albany Medical Annals*.

Changes in Skin in Consequence of Use of X-rays.—Behrend (*Berlin Klin. Woch.*, 1898, No. 23) describes a case of permanent, irreparable alterations in the skin of the hands and in the nails of a man who was much occupied with the X-rays. The changes consist in serous infiltration of the tissues, with the formation of vesicles and subsequent desquamation. They, therefore, resemble the lesions produced by burns. Somewhat similar changes develop in the nails after prolonged or frequently repeated exposure to the rays. If the exudation be pronounced, then the nail is lifted away from the underlying structures and completely loosened. In the case of more intense changes the nail matrix is destroyed for good. In the same way the hairs are loosened, and eventually the hair-producing

structures are permanently destroyed, and there results a marked change in the appearance of the tissues. The resulting severe atrophic condition resembles scleroderma, as is also sometimes the case in long-existing eczema. In view of the possibility of malpractice suits and hostile verdicts in such unfortunate occurrences, after the employment of the X-ray, it behooves the physician and expert in charge to take proper measures for their prevention, eventually for self-protection.—*Jour. A. M. A.*

OPHTHALMOLOGY.

Massage and the Relief of Eye Strain in the Treatment of Glaucoma.—At the late meeting of the Canadian Medical Association Dr. George M. Gould (Philadelphia) stated that glaucoma will first come into the hands of the general practitioner for treatment (*Canadian Pract. & Review*). Four years ago he wrote concerning glaucoma, that massage properly applied would seem to be a good process, stimulating and arousing normal functions generally. During the last four years he has tried the same plan in a number of cases, and then proceeded to relate his experiences and results. In the first case there were typical symptoms of glaucoma, with the exception of pain. Tension, right plus, 1; left plus, 2. Massage was employed, and for three years the eyes have remained normal. In the second case massage also was performed, and the vision remains perfect, and the tension perfectly normal, now, for three years. By this treatment all venous and lymph spaces with stasis are cleared and broken. Massage may be of great service, especially if seen early. In many cases it may prevent enucleation, and in sub-acute attacks it is invaluable, and is promptly prophylactic as well as therapeutic.

Dr. R. A. Reeve said that glaucoma is such an insidious and dangerous disease that one hails with pleasure any new treatment or anything looking towards prophylaxis. Taxis exerts beneficial results in this disease, and, fortunately, it is a very rare disease. He congratulated Dr. Gould upon the wisdom he displayed in laying such great stress on the scientific correction of errors of refraction.

Iritis.—The Successful Treatment of Three Important Cases by the Combined Form of Treatment.—At the same meeting, Dr. G. H. Burnham (Toronto) spoke of the differ-

ent forms of iritis with paralysis of the third nerve from specific disease, and the great value of the combined form of treatment (*Canadian Pract. & Review*). These cases often led to total destruction of vision in the eye, and he used this treatment for the sole purpose of putting a stop to relapses. Several cases were cited and then the doctor detailed his plan of treatment. Pilocarpine was given hypodermically, the dose being one-tenth to one-fourth of a grain at each injection. This is administered in a series of sittings of from ten to fourteen injections, given once a day as a rule. The interval between the series ranges from three to eight weeks, during which time the patient is taking the iodide of potash and the bichloride of mercury internally. Then another series of injections is begun. Before each injection the patient is prepared in a room with a temperature of seventy-five degrees, lying between flannel blankets, and lies on the left or right side, as convenient. If he feels chilly and uneasy, the effect is lessened. In winter, Dr. Burnham uses a hot water bottle to the feet. The proper effect of the injection is shown by the perspiration and a free flow of saliva, the latter varying from six ounces to a pint. At the end of an hour the patient gets up and dresses. Two hours afterwards he can take his food. The injection is usually given about two hours after the mid-day meal. The iodide and mercury must be given regularly between the series. As to the length of time consumed in this treatment, in some a few months will suffice; in others it is continued for three or four years, and no relapses occur in this treatment.

DISEASES OF THE NOSE, THROAT AND EARS.

Observations on Adenoids and Enlarged Tonsils and their Removal, with Notes.—At the last meeting of the Canadian Medical Association Dr. D. J. Gibb Wishart (Toronto) said that the cases occurred in the service of the Hospital for Sick Children and thought that few practitioners have a due conception of the enlargements of these lymphoid tissues. The cases occurred in the years from 1896 to 1899, and the total number of cases operated upon was one hundred and three. Of these, forty-seven were males and fifty-six females. The faucial tonsils alone were enlarged in sixteen females, adenoids in fourteen females. Twenty-four per cent. were under five years of age; twenty-four per cent. were over ten years, and fifty-two per

cent. between five and ten years. He examined some of these some years after the operations, but in only sixteen cases could he get an examination, and only four of these showed any return of the disease. There were five cases that had been previously operated on by other operators; then there were two deaths, both due and traceable to the anesthetic. These figures emphasize the fact that the disease is very prevalent. As adenoids are concealed from view, they very often escape notice. In the diagnosis of these, he found the facial expression most useful; the nose is flattened between the eyes. If the nose is well formed and adenoids are present, the obstruction is only partial. The presence of the open mouth or the constant keeping of the lips slightly apart when the child is in repose, is also important. In the examination of the pharynx, the soft palate often presents the appearance of paresis, as if pressure were on the upper surface. Actual sight, however, is the best means of diagnosis. If you fail after the first time with the mirror it is useless to try again, because the child is frightened and force employed means that hereafter you cannot get its consent. Never hurt the child if at all possible. Don't use the bivalve speculum; the trained eye may be assisted by the use of a long angular probe; enlargement of the faucial tonsil is, as a rule, easily seen. The tongue should be depressed in such a way as to prevent gagging, and it can be only brought into view when the tongue is deeply depressed. A good transmitted light should be employed. When enlargement of one or other of the glands exists, it is generally wise to attempt to reduce the condition by astringent sprays and tonic treatment. Every case requires careful consideration of all details. Don't advocate that every tonsil be removed by the knife if it protrude beyond the faucial pillars. When an operation is deemed needful, it should certainly be performed under anesthesia, and the anesthesia should be sufficiently profound to permit examination. In the simple cases he has used nitrous oxide; but the time limit is too short as a rule—forty to fifty seconds—to secure thorough work. With regard to the position of the patient, the head should be allowed to fall over the end of the table after the tonsils are removed, and then the adenoids taken out. Severe hemorrhage following operation has been reported; but in cases of my own no such hemorrhage gave rise to any alarming symptoms. We might, however, meet with this at any time, because we do not

know when an artery may be misplaced; in most cases, however, the loss of blood is very considerable. Out of the total number operated on, two resulted fatally; but in neither of these could the death be due to the operation. In eighty-five per cent. of the cases no subsequent history has been obtained, so the percentage of cures would be over ninety. As a rule when a cure has not been obtained, the doctor feels convinced that there must have been some defect in the operation. He removes the left tonsil better than the right; and a small portion of the adenoid enlargement may easily escape attention. The healing process will be slow, and in most which remain will continue large and take on new growth. The use of the spray to cleanse the parts should always be insisted on. The tonic effect upon the patient, the results of operation, are always striking.

GENITO-URINARY DISEASES.

Protargol in Gonorrhea.—The therapeutic effects of protargol in gonorrhea have already been alluded to in *The Practitioner* (March and October, 1898), and a more prolonged trial of this remedy confirms all that has previously been said in its favor. Ryan (*Indian Lancet*, June 1, 1899) states that the results he has obtained from this remedy have been invariably satisfactory, though the number of cases has been limited, amounting in all to twenty. Contrary to usual experience, he found that protargol acted better in chronic than acute cases, and he does not recommend its use at the commencement of treatment, but prefers mild injections, consisting of sulphate of zinc, etc. Later he uses 1 per cent. solution of protargol, and finds it rapid in its action, unirritating in its effects, and remarkably successful in its results.

(Since the object of the treatment by the nitrate of silver compounds is the destruction of the gonococcus, it appears unreasonable to delay the commencement of the protargol injections till the gonococci have reached the deeper portions of the urethra; and the experience of most observers, including the writer, is that the treatment should be begun at the earliest possible date, and that if so commenced the duration of the disease may thereby be considerably shortened, and posterior urethritis and its many troublesome complications be avoided.)—*Practitioner*.

To Supplant Castration when necessity exists for sterility, Kehrer (Heidelberg) incises the anterior vaginal wall in the median line, from the tubercle found at the orifice of the urethra up to the os uteri; in this way gaining access to the vesico-uterine cavity, he draws the fundus of the uterus into the wound, and divides the ovarian tubes between ligatures and obliterates the stumps by means of catgut sutures. He then performs vaginal hysteropexy immediately above the inner orifice of the os uteri.—*Med. Rec.*

PROCTOLOGY.

Tenesmus.—The tenesmus which is so distressing an accompaniment of inflammation in the rectum may be readily and effectually controlled by dilatation of the anal sphincter. Whatever irritates the lower bowel will bring on expulsive efforts, and at the same time will stimulate the sphincters to contract. In fact, both the anal sphincters may be considered to be simply an aggregation of circular muscular fibres of the intestine.

Prolapse of the rectum, which is comparatively common in children, is due to the violent expulsive efforts which the bowel makes to rid itself of irritating material. If flushings are to accomplish their full mission in the treatment of proctitis there must be no impediment to their outflow. In those conditions of the prostate where, in addition to the expulsive efforts of the bladder, there is also rectal tenesmus, placing the sphincter at rest by divulsion will often have a most happy effect upon the bladder. In short, in all those conditions of the rectum which are associated with violent tenesmus, dilatation will act quicker than a hypnotic, and it will not only be palliative, but also curative.—*Med. and Surg. Monitor.*

Pruritus Ani.—*Le Progrès Méd.* attributes the appended formula to Penzolt:

Rx	Sodium hyposulphite	gr. ivss.
	Carbolic acid.....	3 i℥.
	Glycerin	3v.
	Distilled aq	3xiv.

M.

Sig. For external use. Apply frequently, upon saturated compresses.

—*Ex.*

NEUROLOGY.

The Employment of Strontium Bromide in the Treatment of Epilepsy.—In the treatment with strontium bromide of twelve cases of epilepsy that had previously been treated with potassium bromide, Smith (*Lancet*) found that there was only a slight difference between the effects produced by the two drugs, though what difference there was was clearly in favor of the strontium salt as regards the absolute number of attacks. It was found also that the seizures were in some instances of milder type, while the tendency to the appearance of a bromide rash was much less marked. A larger dose of the strontium salt was required to control the fits, the largest amount of potassium bromide required being an average dose of twenty grains, while it was necessary to give an average dose of thirty grains of strontium bromide to effect the same result. The potassium salt seemed to exert its action more quickly than the strontium salt, for the seizures were controlled after the former drug had been given for five weeks, but it was not until the end of the seventh week that the same result was brought about by the latter. The good effect of potassium bromide seemed to be more lasting than that of strontium bromide, as it was found necessary to increase the dose of the latter at shorter intervals than in the case of the former.—*Med. Rec.*

A Classification of Mental Diseases.—Students of mental diseases will be interested in the system of classification propounded by Dr. Andrizen, based, as he considers, upon fundamental facts of evolution. There are five main groups of insanity, and the words used to designate them explain themselves: (1) aphrenia, arrests of cerebral development with absence or deficiency of evolution in personality; (2) oligophrenia, enfeeblement of cerebral development with a parallel enfeeblement in the evolution of personality; (3) paraphrenia, anomalies and perversions of cerebral development with corresponding evolution of personality; (4) phrenopathia, morbid conditions or derangements occurring in brains of nearly full development with previous apparent health, with corresponding morbid alterations of the personality; and (5) lipophrenia, terminal conditions of mental dissolution secondary to previous insanities. The insanities thus studied fall into five groups, which assume serial arrangement.—*Med. Age.*

TERATOLOGY.

Congenital Absence of Uterus and Ovaries.—Dr. L. L. Todd reports the following in the *Medical and Surgical Monitor*, in these words:

On the 13th of August I was called upon by Miss J. C., of this city, for advice in regard to the establishment of the menstrual flow, which has never made its appearance, though the patient is near twenty-four years of age. She has the appearance of having enjoyed perfect health, and claims to have never been sick besides some trifling ailments in childhood. She is beyond medium height, very well proportioned, fine muscular development, broad, well-formed chest, mammary glands normal in size, broad hips, fair-sized waist, the neck, arms and limbs giving evidence of muscular strength and activity, good action of heart and lungs, clear skin, full eyes and intelligent face; altogether a young lady much beyond the average in physical qualities and personal appearance. Regarding the delayed function, she has suffered no special inconvenience, no troublesome pains in the back, no nervousness or tormenting headaches, and, indeed, no fluctuation in general health, as related to monthly periods. Examination of parts shows less than ordinary prominence of mons veneris. Labia, both major and minor, imperfectly developed—in size and appearance not far from that of the girl of thirteen or fourteen years. Meatus urinarius normal. Vaginal entrance a little less in size and less elastic than normal. No hymen. The vagina two and a half to three inches in length and terminating abruptly in a shut sack. Further examination per rectum fails to find any development of uterine or ovarian structures. The advice given the young lady was to take no medicines with view to inducing the menstrual flow, as there was no possibility of attaining it—to keep her own secrets, tell no one of her condition except in prospect of marriage, when she should not fail to inform the other party of her hopeless sterility, and while giving her what comfort and sympathy the facts would allow, we informed her the condition she was in by nature, gave her the benefits which thousands of women of the present day are striving to attain by whatever means they can employ, without regard to health, and frequently even to the extent of loss of life. The case was examined with me by Dr. F. C. Ferguson, specialist in gynecology.

MEDICO-LEGAL.

Value of Patient's Estate Not to Be Considered.—The Supreme Court of Alabama holds that the trial court erred, in the case of *Morrisette against Wood*, in admitting testimony as to the value of the patient's estate against the objection of the defendant, who was executor thereof. And for this it reverses a judgment recovered for medical services rendered defendant's testator, remanding the case for a new trial. The Supreme Court says that the inquiry was as to the value of the professional services rendered by the plaintiff, and that the amount or value of the patient's estate could shed no legitimate light upon the issue, nor aid in its elucidation, as the case was presented in the trial court, there being no hint in the evidence that there was any recognized usage obtaining to graduate professional charges with reference to the financial condition of the person for whom such services were rendered, which has been so long established and so universally acted upon as to have ripened into a custom of such character that it might be considered that these services were rendered and accepted in contemplation of it. The cure or amelioration of disease, the court goes on to say, is as important to a poor man as it is to a rich one, and, *prima facie* at least, the services rendered the one are of the same value as the same services rendered to the other. The statement of the plaintiff as a witness that he knew the defendant's testator, and that he had a certain disease for several years before his death, and that he died of that disease complicated with another, which witness named, the Supreme Court further holds, involved no transaction with the deceased, and was not within any exception to the competency of parties as witnesses under section 1794 of the code, prohibiting a party from testifying as to the transactions with a decedent in an action against his executor.

Negligence.—A child less than 4 years old cannot be guilty of contributory negligence. *South Covington & C. St. Ry. Co. vs. Herrklotz* (Ky.), 47 S. W. 265. The negligence of the parent cannot be imputed to the child who is too young to be guilty of contributory negligence. *South Covington & C. St. Ry. Co. vs. Herrklotz*, *supra*.

BOOK REVIEWS.

The Nervous System and Its Constituent Neurones.
Designed for the Use of Practitioners of Medicine and of
Students of Medicine and Psychology. By LEWELLYS F.
PARKER, M.B. Tor. 8vo., pp. 1122. With Two Colored
Plates and Six Hundred and Seventy-six Illustrations in the
Text. [New York: D. Appleton & Co. 1899. Price \$6.00.

It is not very long since the neurone became the basal element of the nervous system in the minds of the anatomists of that part of the organism, and they have already developed it to such a point in connection with the axon and dendrites that we must fain admit it as the true interpretation of the complicated nervous system spread out before us. All advanced neurologists and experts in the pathology of the nervous system have adopted it, and claim that it will make the *terra incognita* of neurology a well-defined territory, and, in no small way, aid to a greater knowledge in that still more obscure domain of psychiatry.

In the work before us the author does not attempt to give a complete or analytic work upon the subject, but, in his own words, remains content "with reviewing some of the main achievements in the department with which he is most familiar, leaving it, however, to be distinctly understood that in the others many just as important conclusions have been arrived at, and much fundamental experimentation is still in progress." The work opens, in a very interesting manner, by an account of the history and development of the neurone concept. He traces more particularly the bearing of researches since 1891 upon the validity of the neurone doctrine. The next two sections are of greater interest to students of the anatomy of the nervous system. They deal respectively with the external and internal morphology of neurones. These are particularly valuable portions of the work, as they really constitute the foundation upon which the entire structure is built. We find in these the key to the entire theory, and, while constituting but a comparatively small part of the work, they are none the less important. They present many studies which require the closest attention, but which richly repay the time devoted to them.

The histogenetic relations of the neurones is another section of more than ordinary value. We have given us here the origin of the nervous system in the embryo, and an account of its development, including a chapter on the mechanical factors of development and on the human body as a segmented organism. Then follows a section, deserving of the closest attention, on the neurone as the unit in physiological and pathological processes.

All the foregoing sections occupy a little more than a fourth of the work, the remainder being devoted to the grouping and chaining together of neurones in a complex nervous system, like that of man and higher animals. The author follows his subject in a clear as well as systematic manner, and among the interesting data he brings out are those connected with the architectonics of the nervous system. He quotes liberally from foreign authors and reproduces many illustrations from foreign and American works, contributing no few original ones.

We have been most favorably impressed by the work, which is the most lucid and comprehensive on the subject which we have seen in English. It is certainly destined to make its mark, and will have many purchasers, more especially from the ranks of neurologists and psychiatrists. The publishers have made a handsome volume of the work and done everything which liberality and skill could do to make a handsome volume. The illustrations are particularly good and well brought out.

Surgical Anatomy. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By JOHN B. DEEVER, M.D. In Three Volumes. Illustrated by About 400 Plates, Nearly All Drawn for This Work From Original Dissections. Vol. I. Imperial Octavo, pp. 632. Upper Extremity; Back of Neck; Shoulder; Trunk; Cranium; Scalp; Face. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, Handsome Cloth, \$13.00; Full Sheep, \$24.00; Half Green Morocco, Marbled Edges, \$24.00; Half Russia, Gilt, Marbled Edges, \$27.00.]

This is truly a magnificent work, not written for a day, but for many years to come. It is not merely an atlas containing a number of plates, but a serious as well as most thorough and comprehensive work on applied anatomy, written by an expert anatomist and skilled surgeon. It is, in truth, "a bridge between anatomy and practical surgery and medicine." It is an imperishable monument erected to American surgery, and will reflect honor upon the profession as well as glory upon its author. It is the first work of the kind ever attempted by American publishers, and we hardly anticipate that any will have the courage to attempt to excel it, as that would prove a task of the most disheartening character. The work is entirely original, and the author states that he spent twelve years in preparing it. It can be easily surmised what unremitting labor on the part of an expert for this length of time means. The publishers have spared no expense to issue the work, and they have produced one which will always prove of the highest credit to them. The plates are artistic, and, having all been made from actual dissections, are true. In this connection, we hardly know which

to admire the most—the skill and faithfulness of the dissection or the art and exactitude of the artist.

But to refer to the text, which, as we have already intimated, is far from being secondary to the illustrations, the opposite being perhaps more true. It is full of valuable suggestions to the surgeon more especially, but almost equally so to the general practitioner. The work is not an anatomy proper, but is full of references of a useful and practical character wherein the anatomy of relations plays a great part. The relations of structures are shown in a manner so plain, and illustrated by a method so graphic, that their study is equal to that made upon a cadaver, an advantage which those who cannot obtain the facilities of hospitals or dissecting rooms will readily appreciate. Such points as the proper lines of incisions in operations, more especially ligations of arteries or the stretching of nerves, cannot fail but impress the reader. The relations of the arteries, nerves and veins to the structures are also given in a very clear manner. In the dissections of amputations, illustrations of the cross-sections of the portions cut are given and the points at which these cuts should be made are shown upon accompanying diagrams. In speaking of fractures and dislocations, of which but a few are given, the reasons are given for the accompanying deformities, and diagrams illustrative of the resultants of the various forces concerned, such as the action of muscles, are furnished.

The volume before us, which is the first, opens with a short introduction on regional anatomy, after which the author plunges into the consideration of that *bête noir* of all students of anatomy, the upper extremity. With the exposition given here, it is demonstrated in such an intelligible manner that it becomes a comparatively easy matter to master this, to some, anatomical puzzle. This merely illustrates the rational and systematic plan upon which the work is written. As a further example of this, may be mentioned the treatment of abscesses or other pus collections, which is given with great care. In addition to this is given the anatomical reasons for their occurrence in certain well-defined regions. This is one of the advantages to be derived from applied anatomy. The fundamental conditions of an anatomic character connected with various surgical operations are also given, and constitute teachings easily obtained which would otherwise have to be mastered by experience.

We have not the proper amount of space at our disposal to do this work justice. Too much praise cannot be spoken in connection with such a masterpiece. We hope to do it fuller justice when the second volume makes its appearance. One more word for the publishers. The volume sent to us, bound in half-Russia, is more than a credit to American bookmaking. It is a

veritable *édition de luxe*, such as would rejoice the heart of a bibliophile. What we cannot understand is, how the publishers can sell the work at such a low price. The plates, the heavy extra paper on which the text is printed, and the binding, are of such a high class that the small price asked is inconceivable. It goes without saying that our advice is, buy before the edition is exhausted.

A Text-Book of Physiology. By WINFIELD S. HALL, Ph.D. (Leipzig), M.D. (Leipzig). 8vo., pp. 671. Illustrated with 344 Engravings and Six Colored Plates. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, cloth, \$4.00 net; leather, \$5.00 net.

This is a Physiology which is not constructed upon the old, conventional lines, but presents some departures which will make it a favorite text-book with medical students. In its construction a method has been followed which will greatly add to its usefulness. Thus an epitome is prefixed to each chapter, and in this manner the topics treated in the text are classified. The table of contents contains all these epitomes as they occur throughout the body of the work, thus making it a good syllabus. Students will readily appreciate this as an aid to their studies and a guide to which ready reference to any topic can be readily obtained. This is but one of many good points to be found in this book. In connection with or rather preceding the subject of digestion the author has given a thorough chapter on the chemistry of the carbon compounds, of the carbohydrates, of the proteids, and of food-stuffs. This itself is of more than ordinary value. The mechanics of the muscles, including the heart, are entered into mathematically, but explained and so simplified that any ordinarily intelligent person can understand the formulæ. So it is with the optical principles and calculations given in connection with the eye.

The general plan of the work is to present clearly the principles of physiology in connection of an instructive nature with its underlying sciences, anatomy, chemistry and physics. By following this method the relationships of physiology to medicine in all its departments are made clear, and the importance of a serious study of the subject is necessarily made obvious to the student. Works on physiology have heretofore been written in such a manner as to be irksome to the reader, and practical applications were not made obvious. The method of teaching upon the subject can be best exemplified by taking Chapter IV., devoted to Respiration. First is considered the comparative physiology of respiration. This is followed by the histology of the respiratory organs. Following this is a short account concerning the solution of gases in liquids. The mechanical and

physical features of respiration are considered, and the chapter closes with a consideration of the chemistry of respiration and internal or tissue respiration.

The thoroughness of the work may be judged from this incomplete synopsis of one chapter. The book is divided into two parts, devoted respectively to General and to Special Physiology. We do not know that we could select any portion as superior to another. The physiology of the nervous system is much superior to what is found in the generality of text-books, and is the more interesting from the fact that the author takes up the neurone theory, thus making the matter thoroughly up to date. He has done the same thing in connection with every subject, and in that manner enhanced the value as well as utility of his handbook.

The publishers have spared no expense to produce a handsome book, and have been liberal in the matter of illustrations, which are numerous and good. We anticipate the early appearance of a second edition, as the merits of the present one will lead to a demand for another.

Progressive Medicine. A Quarterly Digest of Advances, Discoveries and Improvements in the Medical and Surgical Sciences. Vol. III. September, 1899. Diseases of the Thorax and Its Viscera, Diseases of the Skin, Diseases of the Nervous System, Obstetrics. 8vo., pp. 440. With Eleven Illustrations. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$10.00 a year.

In our opinion this is the best volume which has, so far, been issued in this series. It contains digests on most interesting subjects, which are written with more than ordinary care. The first part is devoted to diseases of the thorax and its viscera, including the heart, lungs, and bloodvessels, and very rightfully takes up 136 pages. It is well written, and emanates from the pen of Dr. William Ewart. We are pleased to note that the surgery of the anterior and posterior mediastina is noticed among other interesting subjects.

Dr. Henry W. Stelwagon contributes a most interesting review on dermatology. He has succeeded in including a mass of interesting material, handsomely illustrated, within the space of 100 pages. His observations are critical, but of the fairest sort, and he has chosen the best that has appeared in the domain of skin diseases during the last twelve months. The contributions of note devoted to nervous diseases have required 170 pages at the hands of Dr. William G. Spiller. A great deal of matter of more than ordinary interest is presented, and we need not be a neurologist to become deeply interested in this digest.

This volume concludes with the review of obstetrics, by Dr.

Richard C. Norris. This occupies 100 pages, and is of superior worth.

As we have stated on former occasions, the value of this series can hardly be properly appreciated until a reference is made to some particular subject. It is then that the care as well as critical acumen and capability of the gentlemen who make these digests becomes apparent and helpful. It is a real pleasure to read these volumes, as their contents are presented in an interesting style with all prolixity avoided.

Diseases of Children. (Lea's Series of Pocket Text-Books.)

A Manual for Students and Practitioners. By GEORGE M. TUTTLE, M.D. Series edited by BERN. M. GALLAUDET, M.D. 12mo., pp. 386. Illustrated with Five Plates in Colors and Monochrome. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$1.50 net.

This is a very cleverly written summary of the subject of pediatrics, presented in a manner not only instructive to students, but interesting to practitioners. The author himself states that he has endeavored to be concise, and in this he has succeeded without sacrificing any clearness. A reading of this text-book will readily demonstrate that the author has dwelt at greater length on the physiology of childhood and has given particular care to the consideration of the subjects of artificial feeding and development. These subjects are certainly deserving of so much attention, as they concern the beginnings of the infant and influence the child in its growth and development in the years that follow.

In the considerations of the various diseases of childhood, those in which the symptoms and conditions, as well as treatment, are the same as in adult life are disposed of in a very concise manner. In those conditions which properly pertain to specialties, but little is said, the reader being referred to more extended works on those particular subjects. Taken altogether the book is a very good one, and a credit to its author. It will no doubt sell rapidly, as it will fill a want long felt by medical students.

Practice of Medicine. (Lea's Series of Pocket Text-Books.)

A Manual for Students and Practitioners. By GEORGE E. MALSBURY, M.D. Series edited by BERN. B. GALLAUDET, M.D. 12mo., pp. 404. Illustrated with Forty-five Engravings. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$1.50 net.

This is a concise but withal clear presentation of the subject of the practice of medicine. The author has borne in mind one of the requirements of such a manual and has conscientiously filled it. It is hard to keep up with the rapid advances made in medicine in these days. While not discursive he is trenchant and

makes his subject as clear as the limitations of space to which he is confined will permit. That he is not radical in his treatment is well exemplified when he speaks of the administration of mercury in syphilis. He recommends a dose of $\frac{1}{10}$ grain of biniodide of mercury, or $\frac{1}{2}$ grain of the protiodide three times a day, when $\frac{1}{4}$ grain of either is but a moderate dose. On page 85 he speaks of *Gilbert's* syrup when he no doubt intended speaking of *Gibert's* syrup.

A particularly good part is that devoted to intestinal parasites, and is well illustrated. There is one fault which we cannot but call to the attention of the author, for it is one which will immediately appeal to every practitioner. In many instances no attempt is made to give any treatment whatever, either palliative or curative; nor is a statement made that no treatment of any value is yet known. Beyond these few lines of omission we have no fault to find, and can safely recommend the book as a most excellent one.

A Compend of Gynecology. (Quiz-Compend, No. 7.) By WILLIAM H. WELLS, M.D. 12mo., pp. 279. With 140 Illustrations. [Philadelphia: P. Blakiston's Son & Co. 1899. Price, 80 cents.

This Quiz-Compend has been one of the most popular of the series, and most deservedly so. It is very compact and thorough, so much so that many medical students have boasted of being able to pass their "finals" from reading this little book alone. The subject is presented in a very clear manner, which is aided by the help of the 140 illustrations in the text. The present edition, which is the second, has been brought up to date, many additions and alterations having been made. We can unhesitatingly recommend the book to those desirous of having a good compend.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

The Nervous System and Its Constituent Neurones. Designed for the Use of Practitioners of Medicine and of Students of Medicine and Psychology. By Lewellys F. Barker, M.B., Tor. 8vo., pp. 1122. With Two Colored Plates and Six Hundred and Seventy-six Illustrations in the Text. [New York: D. Appleton & Co., 1899. Price \$6.00.

A Text-Book of Physiology. By Winfield S. Hall, Ph.D. (Leipzig), M.D. (Leipzig). 8vo., pp. 671. Illustrated with 343 Engravings and Six Colored Plates. [Philadelphia and New York: Lea Brothers & Co., 1899. Price, cloth, \$4.00 net; leather, \$5.00 net.

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Diseases of Children. (Lea's Series of Pocket Text-Books.) A Manual for Students and Practitioners. By George M. Tuttle, M.D. Series edited by Bern. M. Gallaudet, M.D. 12mo., pp. 386. Illustrated with Five Plates in Colors and Monochrome. New York and Philadelphia: Lea Brothers & Co., 1899. Price, \$1.50 net.

A Compend of Gynecology. (Quiz Compends, No. 7.) By William H. Wells, M.D. 12mo., pp. 279. With 140 Illustrations. [Philadelphia: P. Blakiston's Son & Co., 1899. Price, 80 cents.

Surgical Anatomy. A Treatise on Human Anatomy in its Application to the Practice of Medicine and Surgery. By John B. Deaver, M.D. In Three Volumes. Illustrated by about 400 Plates, nearly all drawn for this Work from Original Dissections. Vol. I. Imperial Octavo, pp. 632. Upper Extremity: Back of Neck; Shoulder; Trunk; Cranium; Side; Face. [Philadelphia: P. Blakiston's Son & Co., 1899. Price, handsome cloth, \$12.00; full sheep, \$14.00; half green morocco, marked edges, \$24.00; half Russia, gilt, marked edges, \$27.00.

Practice of Medicine. (Lea's Series of Pocket Text-Books.) A Manual for Students and Practitioners. By George E. Malsbury, M.D. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 404. Illustrated with Forty-five Engravings. [Philadelphia and New York: Lea Brothers & Co., 1899. Price, \$1.50 net.

The Index Catalogue of the Surgeon-General's Library has been enriched by the recent issuance of the fourth volume of the second series. It embraces D to Emulsions, and is gotten up with the same painstaking care as previous issues of preceding volumes. The present one was prepared under the supervision of Major and Surgeon James C. Merrill, who is the librarian in charge. Too much praise cannot be accorded to him for the carefulness and thoroughness with which the work has been done.

THE ST. LOUIS Medical and Surgical Journal.

Whole No. 708.

VOLUME LXXVII.—DECEMBER, 1899.—No. 6.

ORIGINAL COMMUNICATIONS.

A CLINICAL CONSIDERATION OF CHOREA.

BY MILTON P. CREEL, M.D., CENTRAL CITY, KY.

Surgeon Illinois Central Railway; Surgeon Louisville and Nashville Railway;
Member National Association Railway Surgeons; Member American Medical
Association; Member Mississippi Valley Medical Association; Member
Tri-State Medical Association; Member Kentucky State Medical
Society; Secretary Muhlenberg County Board of Health;
Referee for Muhlenberg County for Kentucky State
Board of Health; Member United States Board of
Pension Examiners; Member Southern
Kentucky Medical Society, etc.

Chorea is essentially a disease of childhood and is most frequently seen in those between the ages of six to fifteen years, though pregnant women often have chorea.

It is by the experience of a great many authors an attested fact that females are most frequently the subject of this disease. Yet a large number of the cases seen are in male children.

Children of the nervous temperament are more often the subject of this disease. Rheumatism, in some way—it is impossible in the present state of our knowledge to understand—is a predisposing cause of chorea.

Adherent prepuce, causing reflex irritation, may be a predisposing factor in the causation of chorea; so also may intestinal parasites. It is customary with writers to regard chorea as a pure neurosis, since there are no constant lesions found to

account for the disease. Endocarditis and emboli in the small cerebral arteries have been found, but it has never been decided as to the importance of these findings. The symptomology is too well known and the diagnosis is so easily arrived at that to dwell on them would indeed be supererogation. The prognosis is far more favorable in chorea than one would at first think. There is much loss of strength in consequence of excessive muscular activity.

The largest percentage of cases end in recovery, but very often this is retarded, and in some instances imbecility follows an attack of chorea.

Death during an attack results most often from cardiac complication. A great source of trouble in these cases, and which leads to a fatal termination very often, is the development of anemia. For this reason the prevention of this factor should be guarded against in our treatment.

In the treatment of chorea it is well to look for any source of reflex irritation at the beginning of an attack. The correction of an adherent prepuce or the removal of intestinal parasites may be a stroke which will substantially advance our interests.

These patients should be given rest and quiet. Every cause which contributes to mental disquiet or to mental employment should be removed as far as that is possible.

The first symptoms call for earnest treatment, and it should not be neglected to insist on parents that these children require serious attention. If treatment is begun in earnest, this way we often attain the most brilliant results.

These patients when the weather is fine may be carried out in the open air. But they must be adequately protected from vicissitudes of the weather, and from any circumstance which would tend in any way to excitement.

Arsenic, according to the best observers, is a most essential remedy, and that it exerts in some way a specific action over the disease. It should be given from the very start and continued until the patient is sufficiently recovered to dismiss.

Arsenauro is a combination of the bromides of arsenic and gold, and is a remedy which is particularly fitting in this affection.

The adult dose is ten drops. To a child six years old I give it in doses of three drops every four hours, and gradually increase it until these patients take ten drops every four hours.

Treated in this way, with arsenauro as the leading remedy, these patients may be expected to recover much quicker than if we depend upon Fowler's solution.

Fowler's solution, as it is found in the drug stores, is very often most unreliable, and we cannot reasonably hope to attain much good from its exhibition.

When the patient is very nervous we should give him the bromides in such doses and with such frequency as will secure rest. If our patient cannot take sufficient food we should give him liquid diet.

If anemia supervenes an eligible remedy for that purpose should be exhibited.

These clinical exhibits will afford an idea of the value of treatment here advocated:

CASE I.—Female child, age 6 years. Was most restless—excessive muscular activity. She was put on arsenauro in doses of three drops, and this was gradually increased to ten. The patient took the bromide of sodium when very nervous; but attacks of nervousness were most rare after the fifth day.

This patient had no anemia or any other untoward symptom. Rest and quiet were secured to the patient.

She was dismissed sixteen days from the beginning of the treatment.

CASE II.—Boy, age 8. This child had been ill a week before I was called. He took four drops of arsenauro, and it was gradually increased.

He got along well after the fifth day—all the elements in the case gradually improving.

He was discharged cured two weeks later.

CASE III.—Girl, age 12. She had muscular movement of the most violent kind and was intensely nervous. She took five drops of arsenauro from the start, every four hours. Bromide of sodium in doses of twenty grains were given whenever she became intensely nervous.

The arsenauro in this case was pushed until she took fifteen drops every four hours.

The patient was discharged three weeks from the decided onset of the attack.

CASE IV.—Girl, age 4. This child was ill a week before I saw her. Her attack was a mild one.

Arsenauro in doses of one drop, gradually increased to four, brought about a speedy conclusion of the chorea—she being confined only ten days.

CASE V.—Boy, 7. Delicate and of nervous temperament. Choreia in this case was attended with violent muscular activity. He took arsenauro in increasing doses and was discharged cured in twenty-nine days.

Punished for Substitution.—A decision of considerable importance was made by Judge Kohlsaas in the United States Circuit Court yesterday, says the *Chicago Times-Herald* of October 13, 1899. In a bill for an injunction, Fairchild Brothers & Foster of New York had charged Edward Otto, a Chicago druggist, with substituting a spurious and inferior preparation for "Fairchild's Essence of Pepsine" in several cases where the latter was expressly called for in physician's prescriptions. The case was hotly contested and hundreds of pages of depositions were taken in New York and Chicago. Judge Kohlsaas's decree sustains the charges made, perpetually enjoins Otto from ever repeating the offence and taxes him with the costs, amounting to about \$500. This is said to be the first contested case in the United States in which the principle of protection to trade-marks and trade names was extended so as to apply to what is technically known in the drug business as "substitution." Judge Kohlsaas's decision will probably protect manufacturing chemists, physicians and the general public, all of whom have in the past suffered from these fraudulent practices of a certain class of druggists.

This decision is of more than ordinary importance to the medical profession, but especially in so far as Messrs. Fairchild Bros. & Foster are concerned. This unscrupulous substitution not only hurts the manufacturers, but is positively detrimental to the physician who prescribes their products which he knows, or ought to, are perfectly reliable and trustworthy, as we have demonstrated to our own satisfaction after a quarter century of their use.

BURNS AND THEIR TREATMENT.*

BY DR. H. B. MCKLVEEN, WAVERLY, IOWA.

The subject of this paper is one that should be of special interest to the surgeon, in view of the fact that burns are one of the common injuries we are called upon to treat. Our reference works speak very briefly of them, and a glance at the books show that, considering the importance of the subject, less is said about it than almost any other one of like import.

A burn is the result of the application of a degree of heat sufficient to produce a change in the parts, varying from mere erythema to complete destruction. A scald is a burn resulting from the application of some hot liquid or its vapor, but differing in the appearance produced. Burns and scalds vary greatly in the degree of destruction of tissue, due to two conditions: first, the intensity of the heat, and, second, the duration of its application. The body can stand a degree of dry heat without injury, and in certain pathologic conditions with benefit, where were moisture present the tissue would be burned. In speaking of burns I shall include scalds as well.

As burns vary greatly in their severity, different authors make different classifications, but the one made by DuPuytren seems to me the best. He makes six.

First: In this degree the application has been momentary, to a high degree of temperature; or prolonged, to a less degree of heat. There is hyperemia, but no destruction of tissue.

Second: There is hyperemia and exudation. The corneous layer of the cuticle is raised from the Malpighian, and the space filled with exudate, producing vesicles or blisters. When opened, the surface beneath is still covered with epithelium. There is no loss of tissue other than the corneous layer of the cuticle. But the raw surface may discharge serous fluid containing young epithelial cells and leucocytes. No cicatrix in these cases, but discoloration may take place.

Third degree of burns: The cuticle is entirely destroyed, but the cutis vera is not; and this is most important, as it contains the sweat glands, hair follicles, and elastic tissue; and this last largely influences the character of the scar, for when this is not destroyed there is no contraction of the scar. When once the sweat glands or hair follicles are destroyed they are never reformed.

*Read before the State Medical Society, at Cedar Rapids, May 18, 1899.

At this degree, however, in the hollows between the papillæ are small clusters of epithelial cells, which form a nucleus for new growth. These burns are extremely painful, because of the irritation of the delicate cutaneous nerves.

In the fourth degree, there is complete destruction of the entire skin and extending to the subcutaneous tissue. The destroyed portion separates by suppuration, and the surface can be covered with skin only as it grows from the margin, unless artificial means are resorted to. The healing process is slow and the contraction of the scar may cause great deformity.

Fifth degree: The tissues are burned to a still greater depth and stop short only of complete destruction.

Sixth degree: The member is destroyed throughout its entirety.

This is not a mere fanciful classification, but a practical one. However, the various degrees, any two, or all, may be found present in a single case.

To the surgeon the third and fourth degrees are the more important. We are seldom called upon to treat burns of the first or second degree; and those of the fifth and sixth degrees usually resolve themselves into a question of amputation.

The constitutional disturbances can be divided into the stages of depression and congestion, reaction and inflammation, suppuration and exhaustion.

The stage of depression and congestion occupies the first forty-eight hours, during which death may ensue. The patient evidences all the symptoms of extreme shock, and, further, a marked congestion of the internal organs. There may be evidence of pneumonia or bowel troubles. In children vomiting is almost a constant symptom.

The stage of reaction and inflammation extends from the second day to the second week. Usually the fever is proportional to the extent of the burn, due to the fact that the general disturbances are greater, and the greater area forms a better chance for the introduction of toxic matters into the circulation.

When death occurs during this stage there is usually inflammation of the gastro-intestinal tract. One case of my own showed such extensive ulceration of Brunner's Glands that it seemed miraculous that perforation had not occurred.

The stage of suppuration and exhaustion extends from the

second week to the close, and we may have it in all its degrees, but with modern methods we need not have the fear that was formerly felt.

In giving a prognosis we can usually base it upon the extent of the burn. Young children and aged persons are more apt to succumb than middle-aged persons. A burn of a limb which may ultimately be healed may produce more serious constitutional disturbances than if it were entirely severed by accident.

It was formerly believed that when one-third of the body surface was burned to the third degree, recovery could not take place; but under favorable conditions we can give some hope even in such cases. The degree of the shock due to the irritation of the cutaneous nerves, and the retention of the morbid products normally excreted by the skin, must influence our opinion. The most fatal period is during the first week after the accident. Death in the second stage is usually due to septic inflammation of the gastro-intestinal tract, the lungs, brain and its meninges.

The prognosis for final recovery of the usefulness of the burned area depends upon whether the burn is greater than a third degree. In the third degree, the elastic tissue not being involved, there is seldom much contraction; but in fourth degree burns the contraction may gradually increase for years, and produce horrible deformities, even dislocating some of the larger bones. Then, too, the contraction may cause neuralgias due to pressure, and I have seen it necessary to perform section of the facial nerve where burned on the face.

Treatment.—The treatment of the past and present differs as much as do the treatment of other surgical affections for the corresponding time. It is both constitutional and local.

In the constitutional treatment we must combat the shock by treatment appropriate to shock from other causes, when it is made to reach the suffering tissue unneutralized. Relieve the pain, when necessary, by opium. Keep the bowels open. Watch the kidneys, and it may be necessary, if they begin to fag, to relieve them by keeping the skin of the intact portion of the body in condition to excrete more than normally.

The nutrition of the patient is of great importance, and it may be necessary to resort to such means as we employ in any case of inanition. Bovine is an invaluable adjunct to the ordinary food. Give tonics; and for the visceral complications such treatment as is demanded.

Local Treatment.—Burns of the first degree require no treatment except some soothing ointment or oil. Burns of the second degree—puncture the blisters, but do not remove the detached corneous layer; protect with cotton or gauze, and bandage.

In burns of the third degree the remains of the clothing must be removed and the burned region wrapped in a clean sheet and covered with blankets until ready to put on the final dressing. Exposure to the air causes great pain and should be avoided.

Some of our modern text books recommend as applications such remedies as carron oil, made of lime water and boiled linseed oil, both to give relief and as a final dressing, also such antiquated remedies as white lead paint, dredging with wheat flour, treacle, etc. But they are not to be considered in the light of more approved methods, and I only speak of them as a means of comparing the past and present.

Where pain is severe a weak solution of picric acid, 1-10 to 1-6 the strength of a saturated solution, may be painted on with a feather or brush, and gives almost instant relief in the majority of cases.

But what is better, and I find still more effective, is to soak gauze with bovine and apply it to the burned surface; and I have been often surprised to see how quickly relief comes, and even in bad cases, where tried, I often found opiates unnecessary. Some writer has remarked that "pain is a cry of the nerves for better blood," and while, perhaps, not absolutely true, yet it holds true in cases of burns. Bovine, as most of you know, is the blood of the ox, prepared by a cold process so that the corpuscular elements are retained, endowed with their pristine activity. Just the true reason why its application causes relief so quickly I am unable to give.

In cases where the burn area is sufficiently small, so that the wound may be covered with epithelium by growth from the margins, all that is necessary is to keep the wound clean and cover it with one or two layers of gauze soaked in bovine; cover with oil silk, then gauze and cotton. Instead of bandages, use strips of cloth several inches wide and long enough to go once around the body or limb. Pin this with safety pins or tie with tape sewed to the strips. The reason for doing this is to facilitate removal to moisten the gauze with bovine, which may have to be done from two to six times in the twenty-four hours, according to the ab-

sorption and evaporation; but the dressing under the silk should always be kept moist. After a few days, it sometimes occurs that the continued moisture may cause on the healthy surrounding skin a softening of the external layers of the cuticle. This will do no harm, as the loosened mass can be removed with sterile water and a sponge, and the surface can be dusted with talcum or boric acid, or vaseline may be used.

In cases where there is a large area involved, it is not satisfactory to treat the wound with dry dressing. It gives the patient great discomfort and causes much distress when necessary to redress, because of the fact that the dressing will stick to the wound and cause great pain. Then, too, in using such powders as iodoform we are apt to have toxic effects aside from its other disadvantages. Boric acid sometimes causes great pain. Any powder is apt to form a crust which retains the pus and other discharges, and does not, as was formerly supposed, prove to be a barrier to the admission of noxious matter. Ointments and oils are not desirable dressings in most surgical cases.

In case suppuration ensues and gives trouble, it may be necessary to clean the wound with hydrogen peroxide and put on a wet dressing of any non-poisonous antiseptic for a day or so. In using the hydrogen peroxide it is best to first apply bovine and then the peroxide. A reaction ensues, and the application can be continued until you are satisfied the pus has been removed; then the surface can be washed with a normal salt solution. Here I will take the opportunity to mention that from a practical point of view the sterile normal solution has proven a most satisfactory agent in cleansing any wound; and I use it in preference to any other solution.

In some cases where the area is great, it is very difficult to get the wound to entirely cover itself with new epithelium. Nearly all of you have had cases where the reparative process would progress rapidly for a time, then more slowly, until finally it would cease entirely, due to the fact that the blood vessels in the newly formed tissue do not seem able to furnish material for further repair. In times past such cases gave an immense amount of worry to surgeons, and extensive plastic operations were necessary and often unsuccessful, and the patient would gradually succumb to exhaustion. Bovine, furnishing nourishment to the parts direct, enables much larger areas to be covered by marginal

growth than would otherwise be possible. Occasionally, however, we find that the area is too great even then to be covered, and we must resort to skin-grafting.

We should anticipate matters somewhat when this is necessary, and not wait till nature has failed, for this reason: when a wound has covered itself as completely with epithelium as it can, there is apt to be an unsightly ridge formed at the margin, beyond which the granulating tissue will grow in roughened, nodulated masses, so that unless they are removed by a curette, it is impossible to get good results by grafting. To avoid this and the unsightly scars that result in this condition, we should, in cases where we are doubtful as to the result, do skin-grafting as soon as the dead tissue has been removed and a healthy surface is left.

By so doing, the cicatrix is much less liable to contract and such unpleasant sequelæ as keloids are less liable to occur. Each case is, to a certain extent, a law unto itself as to how great an area can be covered without recourse to skin-grafting. Age, vitality, and location of injury must determine the necessity. In children and young adults, areas of two to even four inches in diameter will heal when the wound is favorably located; in the aged, such large areas will not probably heal. And where the bones are close to the surface, and on the face, they will not heal so readily.

When necessary to do skin-grafting you must first estimate how much tissue will be needed. Formerly the entire surface was covered with grafts, but now we only attempt to cover the wound with isolated particles, depending upon healing from graft to graft to fill in the intervals. In young subjects the grafts need not be so numerous as in older subjects. It is best to get the grafts from young persons, as they possess more vitality. Prepare the region of the person or persons from whom you are to take the grafts, as carefully and in the same manner as you would for an operation. With a sharp razor take, preferably from the arm or thigh, small pieces about one-fourth of an inch in diameter. Go deep enough to get into the living tissue, and you can tell that by seeing the pin-point oozing of blood from the surface from which the graft has been removed. The grafts will curl up unless great care is used, and will trouble you to unroll them, as well as bother you to tell which is the inner surface. To prevent this, use a piece of glass or mica upon which to lay the grafts. Transfer

the graft from the razor with forceps, placing the vital side of the grafts up; place them in a basin of sterile normal salt solution, in which they are to be kept, except when necessary to remove them. Take sufficient number of grafts; better have a few that you will not need than stop to obtain more.

The wound should have been prepared by thoroughly cleansing it, and drying the wound with a piece of clean gauze. The grafts are to be placed from one-half to three-fourths of an inch apart, on lines, so as to bridge over the spaces when healing has taken place, from graft to graft, which will be accomplished sooner than from line to line. Have a number of pieces of gauze, single thickness, about the size of a quarter, and of oiled silk about the size of a nickel. Moisten one of the small pieces of gauze in bovine and apply over the graft, which has been put on with the vital surface next to the wound; then cover the gauze with a small piece of oiled silk. The object of this plan is that the gauze will by capillary attraction draw the bovine under the silk, which prevents the drying out and insures a continuous nourishment for the graft. Over this put one or two layers of gauze moistened with bovine, then oiled silk, and dress as before mentioned.

In from two to four days, the dressings may all be removed if the grafts have adhered, and the wound may be cleansed. If the grafts are firmly attached, the small pieces of gauze and oiled silk may be dispensed with in the second dressing.

By this method burns of large area may be healed over quickly and almost painlessly. The same method of treatment will apply to any wound where a large area of skin has been removed. I believe by these means many who would have to undergo extensive plastic operations may be saved the necessity thereof. Then, too, the permanent results in after years are much better, as contraction in the cicatrix is less liable to occur, and instead of a red, unsightly appearance, the surface presented is smooth and without much discoloration.

In concluding this rather lengthy paper, I wish to ask your indulgence while I recite the history of a very remarkable case. It is unique in that two-thirds of the entire body surface was burned to the third and fourth degree; the patient making a complete recovery, with nothing but the cicatrix over the fourth-degree burn remaining to show for her terrible ordeal.

In June, 1898, May M——, aged six years, while carrying her

baby brother, in passing a kitchen stove knocked over a large pail of boiling soap suds. She was completely deluged with the hot liquid from the mammary regions to the soles of her feet and covering both arms. She was dressed only in a calico gown, and was barefooted.

When I arrived she was writhing in agony. I administered morphia hypodermatically. I applied dilute picric acid, one-tenth of a saturated solution. These gave her some relief.

I found the palms of the hands and the soles of the feet were burned to the second degree, merely blistered. A large area on the front of the right thigh and on the abdomen were burned to the fourth degree. The femoral vessels were visible when the sloughs came away; the rest of the body was burned to the third degree, excepting the genital region and a spot on each of the nates about two-thirds as large as the hand. How it happened this space was not burned I cannot say.

Temperature reached 105° when reaction occurred, but dropped to 101° , where it remained for three weeks. The wound was dressed in the old-fashioned way, according to the ideas of the consultant. We had old-fashioned results, and at the end of three weeks I saw that death must ensue from exhaustion unless something was done at once. As the consultant's plan had failed, the plan I had suggested at the beginning of the case was carried out. The patient was in a deplorable condition. Healing had not taken place to any great extent. The whole wound was covered with an offensive, foul-smelling pus, and I had very little hope of her recovery.

The bovine-peroxide reaction, with the salt solution, was used to cleanse the wound. From mother, brother, and willing neighbors, I obtained over a hundred grafts of skin. I placed them so as to bridge over the larger areas and dressed them as I have before described. To combat the inanition, I administered tonics and bovine internally. I likewise gave her very rich and concentrated diet. So bad were the intestinal complications that it seemed like a case of typhoid fever, and from the fact that blood was repeatedly found in the feces, I believe that there was ulceration of the glands of the bowels.

I should scarcely exaggerate if I said that I could almost see the tissue grow. I had only four grafts fail to adhere. In four weeks my patient was walking about, and in another week the

fourth degree burn was healed. The photographs were taken recently, and, as you can see, there is very little evidence of any scars, except over the fourth degree burn.

This is, in brief, the history of a case that is certainly remarkable because of the fact that recovery so seldom takes place when more than one-third of the body surface has been involved. In this case nearly, if not quite, two-thirds of the body was burned; and a more pitiable sight than the little girl presented I have never seen. Had I been permitted at first to use the method of treatment I afterwards used, I believe the child would have made a better recovery; at least it would have been quicker, and she would have been saved an amount of suffering which at the time seemed beyond human endurance. While treating her under the first method she would require a great amount of coaxing to submit to having her wound dressed, and sometimes I used anesthetics, because I could not bear to see her suffering when I had at my command the means to relieve it. After the second plan was tried, it was never necessary to use any anesthetics. In fact, she was glad to see me come, as she always felt so much better and easier after I re-dressed her wounds.

I am a believer in the doctrine that in certain cases where you have not good blood or a sufficiency of it, you can supply it. My successes in some desperate conditions have made me so. This child's life was saved, beyond a doubt, by supplying to her body that which it lacked. Her system was exhausted from the terrible drain made upon it, and the fact that no progress in healing had been made up to the time that we changed treatment, evidenced a low state of vitality. This plan of treatment is, I believe, the ideal one, and requires no means or skill which are not in the possession of any one of us. While we are always hoping for something in things or methods which may prove to be better than that which we possess, yet I think that it will be a long time before a more rational treatment than this will be found. I lay no claim to originality in this plan of treatment except as to the method of dressing each individual graft, by which means a continuous supply of nourishment is maintained.

URIC ACID ; THE DISEASES WHICH IT PROVOKES AND THE TREATMENT WHICH IT DEMANDS.

BY DR. E. L. GROS, PARIS, FRANCE.

The researches of the illustrious Pasteur have shown us what a large number of diseases owe their existence to a common cause—infection; this, however, does not explain all. A close study of the blood and of the chemical changes which take place in the tissues has revealed that a whole group of diseases, heretofore ascribed to various causes, owe their origin to a common morbid tendency.

We now know that such apparently different diseases—as gout, rheumatism, asthma, obesity, calculus, urticaria, eczema, migraine, neuralgia, and hemorrhoids—really stand in the closest relationship to each other. In truth, they all require for their development a particular soil, which is the cause of the result of a peculiar state of the vital fluids and living tissues—a condition of diminished alkalinity—to which the French have given the name of acid dyscrasia.

This term is, of course, incorrect if interpreted literally, for we know that life is incompatible with actual acidity of the blood; but it expresses very well the fact that there is an increase in the normal proportion of acids which exist in the blood combined as salts.

These are important factors in diseases, for the slightest variation in their reciprocal relations profoundly influences health.

The blood, no doubt, contains many substances which have escaped our most perfected means of research; but there is at least one product of assimilation or disassimilation, as the case may be, which plays a preponderant *rôle* in many diseases.

This substance is uric acid, the presence of which in gouty conditions was revealed to us by Garod.

Since this discovery, uric acid has been detected in many conditions other than gout.

What, then, is the exact *rôle* which uric acid plays in disease and in those slight deviations from health which hardly merit to be termed diseases?

Bouchard, in France, was one of the first to study the maladies which appeared to be associated with this peculiar acid diathesis; but he regards the acid as merely an incidental pro-

duct of perverted cellular activity, which he describes as retarded oxidation.

Haig, on the other hand, boldly takes the opposite view, and in a very broad and comprehensive manner accords to uric acid itself the primary and etiological *rôle* in a whole series of morbid states. Haig mentions three very important properties of uric acid, which, if true, must be credited with a powerful influence on the functions of the human body.

Uric acid in the blood, he says, acts—

1. As a direct local irritant;
2. As an obstructor of capillaries;
3. As a cause of high-blood pressure.

It would seem that a most important factor in all the various processes is what may be described as an aberration of cellular activity, provoked by changes in the surrounding fluids.

The uric acid diathesis gives rise unquestionably to particular diseases of its own, as well as to a multitudinous array of symptoms which are often as vague and so indefinable that the physician is often at a loss to determine the causal element.

Ricord was wont to say in his clinic at the Midi Hospital that whenever a patient presented himself complaining of some vague ill-defined trouble, which did not admit of being classified in any of the usual pathological groups, he always suspected syphilis.

To-day we may say in another order of ideas that, should a case present congestion of this or that organ, pains, neuralgia, migraine, digestive and urinary troubles, while we must not, of course, jump immediately to conclusions and label everything uric acid, still the urine should in every case be examined for it.

The uric acid diathesis having been demonstrated, most satisfactory results may be obtained by appropriate treatment, dietetic and medicinal.

Under this latter head, salicylates and colchicum are both of great efficacy, and it is a very remarkable fact that when salicylate of methyl is associated with colchicine, effects may be obtained that would necessitate a much larger dose of either of the drugs used isolately.

Salicylate of methyl, obtained by distillation from the bark of *betula lenta*, is certainly to be preferred to all other preparations on account of its purity and its superior physiological effects over the synthetic salicylates, although similar in chemical characteristics.

This, administered in a capsule with the alkaloid colchicine, is the basis of the pharmaceutical preparation known as colchi-sal, which we have used extensively with great success.

Methyl salicylate and colchicine are the great correctors of the peculiar uric acid diathesis, and their administration obviously embraces a very wide field of application, when we consider that gout, rheumatism, lithiasis, asthma, certain forms of bronchitis, dyspepsia, urticaria, eczema, migraine, headache, neuralgia, and even chorea, are amenable to the influence of this therapeutic combination, colchi-sal.

No remedy in our experience acts better in so-called bilious headache, which is merely a special manifestation of uric-acidaemia. The gouty or arthritic nature of both urticaria and chorea is a fact which has but recently been substantiated, and, in these two affections, apparently so different, the salicylate medication is very efficacious.

It may be well to mention in this connection that salicylate of methyl is readily absorbed through the skin, so that in all cases it may be used with advantage in conjunction with the internal treatment.

It is not to be despised in chorea, which is so refractory to ordinary treatment; in fact, the recent report of Prof. Bozzolo, of the Faculty of Turin, proves that the external application of methyl salicylate is very effectual in a large proportion of cases of chorea, especially those of which articular pain is a feature.

The essential oil of the bark of *betula lenta* is a pure salicylate of methyl; it is rapidly absorbed by the skin, and traces are found in the urine five minutes after application, but it sometimes has the disadvantage of irritating the tegument.

The so-called *betul-ol* (methyl-oleo-salicylate) is the most rapidly absorbed of all similar preparations, and, reacting in the blood, gives rise to the well-understood antiseptic action (explained by Kohler's experiments), at the very seat of the trouble, finally being eliminated as an alkaline salicylate. It is indicated therefore in all cases where salicylates are prescribed internally, as an adjunct to the general treatment, and sometimes it can be made to even constitute the entire treatment, when the stomach refuses the salicylates, which is exceedingly rare if capsules of colchi-sal (colchicine methyl salicylate) are used.—Translated from *La Gazette du Médecin*, Paris, March, 1899.

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EDITORIAL.

THE VALUATION OF DRUGS.

The admirable part of mathematics, and that which has elevated it to the dignity of a science, is its exactness. Doubt is a factor which never enters into question, nor do results ever fail. In contrast to this, medicine has earned the odium of being one of the most uncertain arts. The medical profession has been forced to acknowledge that this imputation was not wholly undeserved. Attention and study, however, developed the rather unexpected fact that the pharmaceutical profession was in great part to be blamed for this. The physician, trusting the pharmacist, looked upon the drugs furnished by him as strong, reliable staffs upon which he could lean. They proved, in times of direst necessity, to be nothing but broken reeds. The drugs were abandoned as worthless, those who praised them as mendacious, and those who furnished, manufactured and sold them, as rapacious. It was principally on account of this last that manufacturing pharmacists began to examine drugs and their active principles more closely. The good effects of such action soon became apparent, and the practice of medicine was attended both by better results and more satisfaction.

Chemical methods were employed for the purposes of establishing the valuation of drugs. This was certainly in the nature of something exact. The chemical laboratory enabled a vast stride to be made in this respect. But there are drugs, and the class is a very large one, in which there are active constituents of which little is known, and which are so delicate, or easily decomposed by chemical manipulation, that they cannot be subjected to chemical analysis. In this class are to be included such commonly-used drugs as cannabis indica, ergot, strophanthus, digitalis, and a host of others. The first attempt at a valuation of these drugs consisted in the isolation of their glucosides. It was determined that these were as unreliable as the ordinary pharmaceutical preparations. As an example of this unreliability, we may be permitted to quote E. M. Houghton, Ph.C., M.D., who tested three samples of supposed c. p. strophanthus in 1887, and reported in the *Journal of the American Medical Association*, that "there was found such wide variation in activity that one was ninety times as fatal to animals as another. The strength of the other two varied between the above limits. No two samples were even approximately the same in strength. What a chance for a sudden fatal termination of an apparently improving heart case!"

The supplies of plants whence the different drugs are made are notoriously unreliable, so far as their strength in active ingredients is concerned. Chemical analysis cannot be made with any degree of satisfaction. The only method left for their valuation was physiological experimentation, and this is the one which has been adopted by very few pharmaceutical manufacturers. We know that Messrs. Parke, Davis & Co., of Detroit, have established a biological laboratory for this purpose, and are enabled to establish, in the most correct as well as exact manner, the valuation of all the drugs that are sent out from their house. They employ the same method with their antitoxins, the units being accurately determined by experimentation upon animals. This is a most important work, and should be appreciated by physicians. Other large manufacturers are following the same plan, and the day is not far distant when, through the use of these methods, a physician will feel as well as know that whatever drug he uses may be applied in a certain dose to obtain a certain effect.

DEATH OF DR. HENRY HODGEN MUDD.

It is a long time since a death in the profession has created such a profound impression as that which was felt by the medical profession of St. Louis on the unexpected demise of Dr. Henry Hodgen Mudd, November 20th, of this year. We give below the resolutions passed by the Faculty of the Medical Department of Washington University:

In the death of Doctor Henry Hodgen Mudd, Professor of the Practice of Surgery and Clinical Surgery and Dean of the Faculty of Medicine, the Medical Department of Washington University has sustained an irreparable loss.

Born April 27, 1844, at Pittsfield, Pike County, Illinois; educated in the St. Louis public schools and in the Academical Department of Washington University; graduated in medicine at the St. Louis Medical College, 1866; Assistant Physician to the St. Louis City Hospital, 1866-67; Acting Assisting Surgeon United States Army, on duty with the 13th United States Infantry in Montana, 1867-68; Prosector and Demonstrator of Anatomy, St. Louis Medical College, 1872-83; Professor of Anatomy, 1880-83; Professor of Anatomy and Clinical Surgery, 1883-86; Professor of Surgical Anatomy and Clinical Surgery, 1886-90; Professor of Clinical Surgery and Dean of the Faculty, 1890-99; Professor of the Practice of Surgery and Clinical Surgery and Dean, 1899. Dr. Mudd's term of continuous service as a teacher of medicine in the St. Louis Medical College, before and after its incorporation with Washington University, and in the St. Louis and Missouri Medical Colleges, now the Medical Department of Washington University, extended over a period of twenty-seven years. He gave his time and his best efforts without stint to his college work; in later years he brought also to the service of the college the matured wisdom and judgment of his riper years, and contributed again and again his financial support and credit during long years of patient effort to elevate the standards of the school to meet ever increasing demands incident to the provision of better facilities for teaching and the lengthening of the term of medical pupilage. His last great offering to the college was the devotion of no small part of his remaining strength and life to the consummation of the union of the two oldest medical institutions of the city in the reorganized Medical Department of the Washington University. May it be hence-

forth the effort of each and every teacher engaged in the work of the school to realize, by individual loyalty to the best ideals and by untiring diligence in the performance of duty, the bright hope and confidence which sustained our late leader and coworker in this his last contribution to the cause of medical education, which was so dear to him.

The St. Louis Medical Society and the Society of the St. Louis City Hospital Alumni also passed most fitting and laudatory resolutions.

November 22nd the funeral took place, and Christ Church, where services were held, was crowded to its utmost capacity by the professional and lay friends of Dr. Henry Mudd. He was a most charitable man, and an ardent student and worker. He has earned his rest—R. I. P.

TO OUR READERS.

With this number we close another volume, and with the wane of the year we will be ready to prepare for the advent of the twentieth century when 1901 is born. We hope that, in the meantime, our friends are girding up their loins to meet it, and that the coming year will be the *fin de siècle* one worthy of the remarkable era which it will close. In the expectation of a better time for everyone, and more particularly for the hard-working but little appreciated physician, ever ready to alleviate suffering, we bid one and all a most Merry Christmas.

CORRECTION.

In the article in the November issue, "Duty of the German Profession to America," on page 253, eleventh line from the top, the word *unopened* should read *opened*. The corrected sentence should read: "I charge Dr. Ehlers with an attempt to smother my work; that is, my work anterior to his, by returning me, *opened*, a letter which I had written him," etc.

MEDICAL PROGRESS.

MEDICINE.

Acute Rheumatism.—Dr. R. G. Kenner (*Medical Mirror*) recommends in the treatment of acute articular rheumatism that a good anodyne liniment, such as chloroform or aconite, should be well rubbed into the affected parts, and after it has dried the joints should be incased in cotton-batting, and a splint applied so as to render them immovable. This covering should be applied in such a manner that it can be readily removed to permit of applications of the liniment. In latter years he has ceased altogether to administer the salicylates, on account of their interference with the digestive organs, and the feeling of depression and melancholy, as well as the intense biliousness and a weakening action upon the heart, to which they give rise. He now relies upon salophen in this disease, giving it at first in doses of five to ten grains every two hours, and gradually reducing the daily dose. On the ground of the study of the drug in 75 cases, he states that it promptly relieves the pain, renders the skin moist, and causes a general disappearance of the swelling. After the acute affection has disappeared, he recommends the administration of some tonic, which, he believes, will materially shorten the period of convalescence.

The Thyroid and Thyroid Therapy.—Dr. Haldor Sneve (*Columbus Medical Journal*, December 20th) concludes this article as follows:

First: The thyroid gland produces a secretion of the greatest importance to the metabolism of the body. Absence of function produces cretinism if congenital, myxedema if acquired.

Second: Simple hyperplasia (simple goitre) does not produce marked pathological disturbances, but I believe it to be a larvated form of exophthalmic goitre, and I think that so-called "nervousness" can be found in the vast majority of cases.

Third: Hyperplasia associated in diseases of the thyroid gland should be limited to the removal of neoplasms; thyroidectomy in exophthalmic goitre, medicinal and hygienic treatment, rest, galvanism through the neck (two to five M. A.), tonics, sodium

phosphate, and thymus gland, will effect amelioration. In cases refractory to medical treatment where life is threatened, section of the cervical sympathetic should be practiced.

Sixth: Many cases of neurasthenia are cases of masked exophthalmic goitre, and should be treated accordingly.

Seventh: Thyroid therapy is specific in sporadic cretinism, myxedema and simple goitre, and removes obesity.

Eighth: Thyroid extract increases the unpleasant symptoms in exophthalmic goitre, and is a reliable test also in the masked form of this disease.

Carbolic Acid in Tetanus.—Dr. Horatio C. Wood, Jr., in *Merck's Archives* for May, concludes that from a study of the Italian literature it would seem that:

1. Carbolic acid gives better results in tetanus than does the antitoxin treatment.

2. It acts by antagonizing the toxin and by quieting the nervous system.

3. It should always be given hypodermically, and in large enough doses, cases of tetanus being remarkably tolerant towards it.

4. Other methods of treatment should be continued, of which the discoverer lays especial stress on the local disinfection of the wound.

Report of the Recent Appearance of Cerebro-Spinal Fever (Cerebro-Spinal Meningitis of Stille) in Chicago, 1898.—Dr. William J. Class (*New York Medical Times*, February, 1899) writes:

From a consideration of our present knowledge of epidemic meningitis the writer arrives at the following conclusions:

1. That epidemic cerebro-spinal meningitis is to be classed among the contagious diseases, belonging to the same category as phthisis pulmonalis.

2. That unsanitary conditions exert great influence in affording a proper nidus for the growth of the germs of this disease.

3. That health authorities should receive notice of the occurrence of a case of this disease, in order that sanitary defects may be remedied.

4. Persons afflicted with this disease should, whenever possible, be isolated, and all evacuations should be rendered sterile by the use of antiseptics.

THERAPEUTICS.

Measles.—It is stated that good results may be obtained in the treatment of measles by rubbing the body with a salve, morning and night, consisting of:

Ichthyol ℥xxij.
Lard..... ℥liij.

This practice was suggested by the favorable results obtained by the same treatment in variola. Only one or two rubbings seem to be necessary to reduce the temperature to normal, when the patches gradually grow pale and disappear. It requires only four or five days to complete the results, after which a warm bath removes what is left of the salve.—*Practitioner*.

Influenza With Nausea.—If nausea be present and cough troublesome, but the bronchitis not severe, the following combination is often effective:

R Morphine sulphatis gr. ss.
Acidi hydrocyanici diluti..... ℥ viii.
Spirits chloroformi ℥ iss.
Aque menthæ virid., ad..... ℥ iss.

M. Sig. A teaspoonful every third or fourth hour.

—J. A. M. A.

Phototherapy.—The bactericidal action of light is without doubt one of our greatest safeguards, though it has hardly been duly appreciated. Direct sunlight, it is admitted, kills the tubercle bacillus in two or three hours or even less, and other pathogenic species are similarly vulnerable to its rays. Acting on this knowledge, Finsen, a Danish physician whose method is described in the *British Medical Journal* of September 9, has harnessed the sun's rays, so to speak, for therapeutic purposes, especially in the treatment of the tuberculous skin lesions of lupus. He has found that the chemical rays alone are effective for this purpose, and the heat rays of the red end of the spectrum have necessarily to be excluded in the concentrated sunlight he employs. His method here suggests that perhaps the movers of the blue glass craze of the seventies were wiser than they knew, though their diffused and diluted sunlight could not be effective to any extent. He passes his concentrated sunlight through a condensing lens filled with a blue solution, thus cutting off the red rays and interfering but little with the passage of the blue and violet ones. This line of phototherapy is Finsen's special

province, for several years ago he reported therapeutic effects from the red rays, especially in certain eruptive disorders like small-pox. Little, however, has been heard from that recently, but the present work on lupus seems to promise to be a real advance in the treatment of the disease—that is, if we can trust the accounts of the illustrations of cases cured, in the communication of Dr. Bie. It may be, however, that he is a little too enthusiastic an advocate of his master's method.—*Jour. Am. Med. Ass.*

Iodoform in the Broncho-Pneumonia of Measles.—

Iodoform has been used in the broncho-pneumonia of measles in the following form:

R Iodoform.....	gr.viiss.
Cod-liver oil	℥iiss.
Oil of anise.....	gr.xxx.

The initial dose is 2 teaspoonfuls per day, gradually increased up to the point of rejection by the stomach. Inhalations of a mixture of iodoform and turpentine are combined with the internal treatment. The great advantage claimed for this treatment is that the pulmonary symptoms and fever pass away without delay, even though the treatment has not been begun early.—*Practitioner.*

An Injustice.—Probably no drug has been more unjustly maligned than erythroxylon coca. Yet no drug has really rendered more aid to therapeutics, as demonstrated in the many writings by authors, botanists and medical observers during the past century. At the time of the Incas (twelfth century), long before the discovery of Peru by Pizarro (1524), coca was in extensive use. It rendered the greatest of service as a restorative, a fortifier, a sustainer. It was entirely depended upon to insure resistance to disease, fatigue, hardships or toil. For centuries coca proved its usefulness and merit; it so has continued, notwithstanding the systematic series of attacks instigated in the sensational press about three years ago by malicious persons who had special interests in endeavoring to bring coca into disrepute, if possible to dissuade its use.

The fast-growing popularity of coca through the untiring efforts of Mariani of Paris, who was the first to introduce it in Europe and in America in a uniformly reliable and agreeable form, and his labor and serious work in this direction, were

appreciated by the medical profession.* His preparation has become a most formidable rival to the many so-called tonics, restoratives and stimulants.

When it was clearly demonstrated that coca was vastly superior and was being adopted universally by the physician, each manufacturer hastened to add coca in some form or other to their various mixtures. While this was an admission of the value of coca, it really injured its reputation, owing to the defective preparations produced. Unsatisfactory, even harmful, results induced the profession to reject the many valueless, at times dangerous, concoctions. An active campaign was opened against coca in the medical and daily press. Sensational articles without any basis of fact were instigated, with the dual purpose of inciting the opinion of the physician and the public against the drug, and thus prevent its use.

The manufacturers had no knowledge of the requisite treatment and preparation of this delicate, probably most volatile of plants—in fact, were unable to procure reliable leaves, there being even a vastly greater variation than in tea. Due to aforesaid causes, the manufacturers were either compelled to or voluntarily stopped the use of coca, thus proving again the old saying, “the survival of the fittest,” as, notwithstanding the combined efforts of the many competitors and antagonists, the well-known preparation of coca by Mariani of Paris, France, which bears his name, is the only one which has resisted all attacks directed against coca.

Introduced to the profession more than thirty-five years ago, it stands without an equal, and continues to be endorsed and upheld by all who subject it to thorough test. It certainly merits the attention of practitioners who for any of the aforesaid reasons may have not considered coca in its true light, or who may have become prejudiced.

Mariani's coca can be conscientiously recommended; its adoption into practice as an adjuvant in treatment of the innumerable cases where an absolutely reliable tonic, effective but mild stimulant, is indicated, will render more assistance than any drug or medium known to therapeutics.

Its field of usefulness will gain for coca, in the form of a reliable preparation, as great or if possible even a greater reputation in the future than it enjoyed at the time of the Incas.

*Mariani's latest monograph on Coca (English translation), illustrated, cloth bound, 76 pages, sent post-paid to any physician on application to Mariani, 52 West Fifteenth Street, New York.

PHYSIOLOGICAL AND PATHOLOGICAL NOTES.

Obstructive Growths of the Pylorus.—This was the title of a paper read by Dr. J. E. Allaben before the Mississippi Valley Medical Association. The author reported a successful and interesting case of pylorotomy, after which he drew the following deductions:

1. Cancer is one of the most potent factors in the causation of death, with a tendency to constantly increase in frequency of occurrence.

2. Gastric cancer occurs in about one-fifth of all primary cases.

3. In gastric cancer the pyloric region is affected in sixty per cent. of the cases.

4. The treatment of gastric cancer directed toward a permanent cure is, in the present state of our knowledge, limited wholly to surgical methods.

5. As early total extirpation of malignant growths with the hope of permanent cure is the goal toward which we are constantly striving, and as these growths in gastric cancer occur at the pyloric region in sixty per cent. of the cases, it would seem to follow as a natural conclusion that pylorotomy would be the treatment most frequently prescribed for the cure of this malady.

6. Inasmuch as early diagnosis is the greatest requisite for directing proper radical treatment, the internist and the surgeon should turn their best efforts in this direction.

7. If the operation of pylorotomy were performed before obstructive symptoms manifest themselves, and before the occurrence of metastasis, the immediate results would be as favorable as in any other abdominal work, and the remote results as good as in extirpation of carcinoma of the breast.—*Med. News.*

Hygienic Maxims.—In the *Indian Medical Gazette*, May, published in Calcutta, appears the following:

Amongst 500 competitors, Dr. Decornet of Ferté-sur-Aube has been proclaimed the winner of the prize which was offered by the publishing firm of Messrs. Hachette et Cie in their "Annual Almanack" for 1897. The candidates were required to state briefly under ten heads the most effectual rules for preserving health, mental and bodily. The following are Dr. Decornet's 10 maxims:

1. General Hygiene: Rise early, go to bed early, and in the meantime keep yourself occupied.
2. Respiratory Hygiene:

Water and bread sustain life, but pure air and sunlight are indispensable for health. 3. Gastro-intestinal Hygiene: Frugality and sobriety are the best elixir for a long life. 4. Epidermal Hygiene: Cleanliness preserves from rust; the best kept machines last longest. 5. Sleep Hygiene: A sufficiency of rest repairs and strengthens; too much rest weakens and makes soft. 6. Clothes Hygiene: He is well clothed who keeps his body sufficiently warm, safeguarding it from all abrupt changes of temperature, while at the same time maintaining perfect freedom of motion. 7. House Hygiene: A house that is clean and cheerful makes a happy home. 8. Moral Hygiene: The mind reposes and resumes its edge by means of relaxation and amusement, but excess opens the door to the passions and these attract the vices. 9. Intellectual Hygiene: Gaiety conduces to love of life and love of life is the half of health; on the other hand, sadness and gloom help on old age. 10. Professional Hygiene: Is it your brain that feeds you? Don't allow your arms and your legs to become ankylosed. Dig for a livelihood, but don't omit to burnish your intellect and elevate your thoughts.

DISEASES OF WOMEN AND CHILDREN.

Mammoth Ovarian Tumors ; Report of a Cyst Weighing Two Hundred and Forty-Five Pounds.—This was the title of a paper read by Dr. James B. Bullitt before the Mississippi Valley Medical Association. Only growths weighing one hundred pounds or more had been regarded as mammoth tumors. A search through literature had developed reports of twenty-three such tumors. Brief summaries of these cases were given. The largest of the tumors weighed 202 pounds. The essayist added a twenty-fourth case by reporting in detail the case operated on by Dr. A. M. Cartledge, of Louisville, in May, 1897. The tumor, sac and contents together, weighed 245 pounds. There were a great many adhesions encountered, and the operation was prolonged. The woman rallied from the shock, and was in good condition at the end of five days, when obstruction of the bowel became manifest, the patient dying on the seventh day. In considering the 24 cases it was observed that 21 cases were operated upon. Of the 15 in which recovery took place, the average tumor weight was 129 pounds; while of the 6 in which operation was followed by death the average weight was 181 pounds. There

were manifestly but three methods of dealing with these tumors: 1, immediate extirpation; 2, preliminary tapping, followed in a short time by extirpation; 3, tapping, repeated as often as necessary, to relieve uncomfortable distention. To illustrate that life may be long sustained by constant tapping and withdrawal of fluid, the case of Dr. Ap. M. Vance was cited, in which the woman was tapped 179 times between the ages of 34 and 80 years, it being computed that in this time 21,480 pounds of fluid were withdrawn. In so far as any conclusions could be drawn from the study of these 24 cases, the following were submitted: 1, the fatality from such tumors was directly proportioned to the size of the tumor; 2, extensive adhesions to the parietes and viscera militated against successful operations, but were second in importance to the size of the tumor; 3, preliminary aspiration followed by extirpation in a few days, was apparently no safer than immediate operation; 4, marsupialization was contraindicated in tumors of mammoth proportions; 5, successive tappings were sometimes tolerated over a long period of years, but led ordinarily to exhaustion and death in a comparatively short time—a few years; 6, when death occurred after operation it was most apt to be immediate, or within a few hours, as the result of shock. If this first danger was passed safely, the fatal issue was apt to be the result of obstruction of the bowel, especially in those cases in which extensive adhesions were present.—*Medical Record*.

Atropine in Serous Diarrhea of Infants.—Infants, especially those artificially fed, are subject sometimes to a serous diarrhea which weakens them a great deal, and which resists all means of treatment. Dr. Berton, at Eschench's clinic, has shown that these rebellious cases of serous diarrhea are often very favorably influenced by atropine, administered according to the following formula:

℞ Sulphate of atropine.....0 gr. .09 centigrammes
Distilled water.....30 grammes

Sig. Give an infant from one to three drops of this solution every day.

The effect of this medication should be watched very closely and the dose of three drops in twenty-four hours never be exceeded.—*Sem. Méd. and Ped.*

SURGERY.

Constriction of the Penis.—The following account is sent to the *New York Medical Journal* by Dr. Charles F. Wright:

A dangerous practical joke was exemplified in the case of a man who, about 6:30 a few mornings since, called at my house and stated that his was probably the most peculiar case I had ever seen. I had heard that remark often, so did not give it much attention, but I noticed the man was thoroughly alarmed. I had hardly closed the office door when he had his trousers down and said: "I had that on my ring finger when I went to bed, and you can see where it is now."

I saw on his penis, as close to the body as it could be crowded, a very heavy plain gold ring. The penis was swollen to its fullest size at erection, as black as coal, and as cold as a stone. The ring was so imbedded in the swollen tissues that I did not think it could be cut or filed off, and, as the organ was so discolored and cold, I doubted if it could be revived if the ring was removed. My first impulse was to send him to the hospital for amputation, but I decided to try to cut the ring. With a small napkin I held the tissues back and with a knife-file filed quartering across the ring (it was so close to the body I could not file straight across), and when I had nearly filed through with considerable trouble I succeeded in getting a director under the ring, and then, after a full hour's work, I succeeded in cutting it through. I then took two tooth forceps and, grasping each severed end, opened the ring. As soon as I did so the urine started and the fellow was greatly relieved. I immediately placed the organ in hot water, to which I added some ammonium chloride, and, placing a kettle of boiling water near, told him to keep adding the hot water so as to keep the solution as hot as he could possibly bear it.

In about an hour there was some improvement in the color of the penis, and I dressed it with a liberal amount of cotton saturated with five per cent. solution of ammonium chloride, and told him to come back at noon. At noon the color was coming back, but there were two blebs near the glans. These I lanced and then was able to draw the foreskin over the glans. Then for the first time I told him he would be all right. I have not seen him since, so I think he must be well.

So far as his story goes, evidently the ring was slipped over the penis simply as a joke, with no intention of injury or harm to

him. He had taken a long bicycle ride, drank several glasses of beer, and gone to sleep, dead to the world, till the pain awoke him.

Some of our subscribers may remember that several years ago Dr. Frank L. James gave a very simple and painless method of removing a gold ring constricting the penis. It simply consists in immersing the organ in metallic mercury, which quickly amalgamates the gold, the resulting amalgam being very friable and easily removed.

Femoral Artery and Vein; Their Destruction Without Loss of Leg.—Dr. B. Merrill Ricketts stated at the late meeting of the American Medical Association that obstruction of either one or both of these vessels does not necessarily mean amputation. Septic infection is more often the cause of gangrene than simple occlusion. Anastomosis of veins and arteries has proven to be of but little if any avail. It is therefore not advisable, for the reason that occlusion sooner or later occurs. It is better to apply ligature for occlusion.

Twenty-three deaths have occurred from gangrene in four hundred ligations of the femoral artery. Clean surgery makes ligation less dangerous. The reports of several cases in which ligation of the femoral artery and vein was without loss of leg justify this assertion.

There are six varieties of the femoral artery, either one of which may save the leg. But it is impossible to determine either of them without dissection.

Ligation should be first resorted to before amputation.

Surgical and Gynecological Notes.—Dr. Charles A. L. Reed writes in the *International Journal of Surgery*: Myomectomy should be limited to young women with whom reproduction is an important factor, and in whose uteri there are no apparent remaining foci of fibroid degeneration. It should not be practiced in cases of multinodular myomata, nor in women beyond the menopause, nor in cases presenting hopeless disease of the uterine appendages.

I have seen appendicitis kill within fifteen hours after the initial symptoms. I have seen apparently convalescent cases turn bad and die within a day. I have evacuated large quantities of pus from cases that presented no symptoms of its presence. It were better, therefore, to save practically all cases by early, al-

though sometimes unnecessary, operation than to lose twenty-five or more out of a hundred by waiting for "positive indications for interference."

Over ninety per cent. of the deaths from strangulated hernia occur among truss wearers. All injection treatment of hernia is unsurgical and unsafe. I have seen it develop fatal complications. Every uncomplicated case of hernia is safely curable by refined surgical means. It is the duty of practitioners to educate the ruptured with a proper appreciation of these facts.

The removal of hopelessly diseased uterine appendages does not unsex a woman, although the conditions preceding the operation may have destroyed her fecundity. It were foolish to say that all of sexuality consists in the power of reproduction.

ORTHOPEDIC SURGERY.

Certain Aspects of Bone and Joint Diseases of Interest to the General Practitioner.—Dr. Virgil P. Gibney presented a paper with this title before the New York Academy of Medicine. Speaking of anterior poliomyelitis and the occasional outbreaks of this disease in certain localities, he said that there seemed to be good reason for believing that this disease was infectious in its nature. Much could be accomplished by early and appropriate treatment, particularly by securing rest and protection for the limbs and forestalling the subluxations and other deformities which prove so rebellious to later treatment. He did not agree with those who recommended stimulation and exercise of the affected parts. Some of the most distressing spinal curvatures encountered by the orthopedic surgeon had had their origin in an empyema. As a rule there was no tenderness when the bodies of the vertebræ were diseased, although exceptions to this rule were met with, particularly among adults. It was most important in examining the vertebral column for disease to determine whether or not the normal flexibility of the column was present. The age of the patient often afforded a useful clew to the differential diagnosis between malignant and tuberculous disease of the spinal column. The absence of deformity, diminished flexibility of the column, and the effort made by the patient in every movement to prevent concussion of the spine were the chief diagnostic features of interest to the general practitioner. Some years ago he had described "the typhoid spine," a condi-

tion occasionally observed during convalescence from typhoid fever. It might lead to errors in diagnosis, but it should be remembered that in these singular cases there was exquisite tenderness without deformity. The history and the rapidity of improvement would usually serve to distinguish these cases from tuberculous spinal disease. It was unfortunate that the general practitioner so seldom made a diagnosis of Pott's disease until the kyphos had already appeared. One common error was to diagnosticate as Pott's disease cases of rachitic deformity. A type of lateral curvature of the spine was not uncommonly met with in cases of Pott's disease occurring in young children, but this should be sharply differentiated from the true rotary lateral curvature, a disease met with, for the most part, in adolescence and adult life. In tuberculous disease of the hip or knee reflex spasm was almost pathognomonic, and the occurrence of lameness at certain times, with exacerbations of increasing severity, was also quite characteristic. The existence of reflex spasm was best detected by carefully moving both the sound and the affected limb in all directions through the full arcs of motion, and comparing the behavior of the two limbs during this examination.—*Med. Record.*

DERMATOLOGY AND SYPHILOLOGY.

For the Removal of Superfluous Hair.—The *Indian Lancet* gives the following prescription:

R	Tincture of iodine.....	3 parts
	Oil of turpentine.....	6 "
	Castor oil	8 "
	Alcohol.....	48 "
	Collodium	100 "

M. Sig.: The affected part is to be painted with this mixture once daily for three or four successive days.

When the collodium scab is removed the hairs will be found imbedded on its lower surface.—*N. Y. Med. Jour.*

Hysterical Pemphigus Associated with Blue Edema.—In *La France Médicale* is related a rare instance of blue edema of the hands coming on during an attack of true hysteria and persisting for a number of days. A woman of thirty-six presented herself at Professor Audry's clinic, with a history that the first hysterical crisis had occurred seven or eight months previously, and had been followed by an edema corresponding to that de-

scribed as blue edema (a vasomotor affection in hysterics—the color of the edema being blue—local lowering of temperature, along with sensory and motor disturbances). Since then there have been many attacks in which the edema has been complicated with pemphigus lesions, at first upon the forearms and afterward upon the chest and abdomen. Brown pigmentation remained to mark the site of the bullæ, which at times were confluent. The treatment consisted in daily tepid baths.—*Med. Rec.*

The Treatment of Chronic Eczema on the Hands.—Edlefsen (*Therapeutische Monatshefte*) has found a successful mode of treatment of this disease. Eczema on the hands and fingers chiefly affects washerwomen, and not infrequently women of the better classes. He orders a paint consisting of pure iodine 0.1, iodide of potassium 0.25, glycerin 12 parts; the paint is applied every evening, and the hands are enveloped in lint. The irritation is always relieved, and in fourteen days the disease is generally cured. This treatment has been adopted with success in many cases where other remedies have failed. In the more obstinate cases boracic ointment was applied in the morning, and the iodine paint in the evening.—*Cleveland Med. Gazette.*

GENITO-URINARY DISEASES.

Essential Hematuria.—At the fourth session of the French Association of Urology, MM. Malherte and Leguen read a very interesting report on Essential Hematuria.

Up to late years the papers read on hematuria were divided into two classes, essential and symptomatic. This latter, the more frequent and the better known, depended on some well-defined cause; while the former seemed independent of any lesion of the urinary apparatus and appears to constitute simultaneously symptom and malady. To distinguish that affection from the other term, "essential hematuria" was invented. But could hematuria really exist independently of a lesion of the renal organ or of a more or less established disease? Such was the question the authors proposed to treat, after passing in review the different causes of symptomatic hematuria, which were of two orders—general and local.

Infectious Maladies.—Hematuria was frequently observed in the course of infectious maladies, and more especially in those cases where the fever ran high; it constituted generally the

ultimate period of the affection and rendered the prognosis very grave. The blood could come from any position of the urinary tract, but it was probable that the seat of the hemorrhage was the kidney. Where the cause was local the hematuria could derive from the urethra, the prostate, the bladder, the ureter, or the kidney. Abundant hematuria had its cause exclusively in the bladder or the kidney, and was provoked habitually by calculi, tuberculosis, neoplasms, or retention, more rarely by traumatism, inflammation (nephritis) or parasites (hot climates). Such were the principal causes of hematuria resulting from a manifest lesion of urinary apparatus and notably of the renal organ. Whether it were a case of traumatism (calculus), of inflammation (nephritis), or of a neoplasm, there was a factor which in the pathological physiology of hematuria intervened at each stage—it was congestion. Congestion played in urinary pathology a very effective rôle. M. Guyon had frequently insisted on that point. It was it which determined frequently the hematuria modifying the clinical aspect of the symptom, and troubling the practitioner by a disconcerting paradox.

Essential Hematuria.—After having passed in review the great causes of symptomatic hematuria, the authors treated of essential hematuria, which in its clinical characters, they said, did not present any particular sign. It was frequently very abundant, so as to produce anemia, and was rebellious to all treatment. What was in reality essential hematuria? In pathology every phenomenon had a cause, and although the cause could not be determined, it did not follow that it did not exist. When hematuria occurred it should in some way have its *raison d'être*. If it was not found it was because the insignificant lesion had passed unperceived, and that lesion was almost in every case to be found in the kidney, consequently essential hematuria did not exist in fact.

The predominating character of pseudo-essential hematuria was that it did not resemble any of the forms habitual to that of calculus, neoplasm, or tubercles. Abundant and continual, it was not influenced by rest or motion, and appeared at first as renal hematuria, but other symptoms were sought in vain. The treatment of that kind of hematuria depended on the cause, but the cause was unknown; therefore an exploratory incision became necessary to complete an imperfect diagnosis. It was only in the

course of that incision that nephrotomy or nephrectomy could be decided upon.—*Med. Press and Circular*.

PROCTOLOGY.

Intolerant Ulceration of the Rectum.—This paper was read by Dr. Sterling B. Taylor before the Mississippi Valley Medical Association. He reviewed the surgical anatomy of the anal portion of the rectum at considerable length. In the early stages of intolerant ulceration physicians are inclined to discredit the presence of any severe pain, inasmuch as in its incipency it is merely a rent or tear in the mucous membrane. This is prevented from healing by the lodgment of small particles of fecal matter, which produce irritation and inflammation, and eventually painful ulceration. The extreme pain makes its appearance with the unhealthy granulations. Pain is not the only disagreeable accompaniment, as there is often annoying and sometimes dangerous hemorrhage, especially if the ulcer be located high. The usual seat of the ulcer is at the posterior commissure, and it is here that it is most painful. The anterior commissure is the next favorite seat of the ulcer.

As regards treatment he recommended the method practiced by Martin, which he considers simple and effective. General anesthesia is not required, but simply infiltration anesthesia, which is practiced by the injection of a few drops of a $\frac{1}{10}$ of 1 per cent. solution of eucain or cocain around the ulcer. A slight incision is then made through the membrane and integuments down to, but not through, the sphincter. He then packs with a small piece of iodoform gauze. The bowels should be kept open with some laxative, preferably a mineral water. Several cases were reported in which the Martin method of treatment was resorted to. The essayist held that rectal ulcers can be excised under eucain anesthesia without pain.—*Medical News*.

OPHTHALMOLOGY.

Case of Glaucoma.—At a recent meeting of the Section on Ophthalmology of the College of Physicians of Philadelphia, Dr. S. D. Risley reported a case of glaucoma in a patient aged 77, coming on three years after a successful simple extraction of cataract. The immediate result after extraction was V. = $\frac{8}{8}$, which fell in six months to $\frac{8}{40}$ in consequence of thickening and

opacity of the capsule. After a secondary operation V. rose to $\frac{5}{8}$ and remained there with a perfectly healthy eye for two and a half years. The patient then suffered a severe attack of influenza, during which the eye was red, probably from a mild iritis. Six weeks later she began to suffer transient attacks of dim vision, which became more and more frequent, culminating on the evening of April 23, 1899, in a pronounced attack of inflammatory glaucoma, with iris bombé, the projecting iris blocking the angle of the anterior chamber completely throughout the upper and inner two-fifths of the chamber. The cornea was steamy, the ball tender, tension + 2, and V. reduced to $\frac{1}{8}$. No satisfactory view of the fundus was obtainable. The field of vision was so narrow that the patient had difficulty in finding her way about. She was placed in bed, received a purge and salicylate of sodium, with the free use of eserin and gentle massage locally. This resulted in the rapid subsidence of all the symptoms, so that iridectomy, which had been advised, was deferred. In a few days V. had risen to $\frac{5}{8}$. The tension was normal, the iris bombé had disappeared, the mediæ were transparent, and the field extended to nearly normal dimensions. The eye remained comfortable until the latter part of the following August, when the entire group of symptoms recurred. Iridectomy was then performed, resulting in complete relief and the restoration of vision to $\frac{5}{8}$. In discussing the cause of the attack, Dr. Risley stated that he believed it to be due to the annular attachment of the iris to the very dense capsule during the attack of iritis accompanying the influenza in February. The fluids were thus excluded from the anterior chamber and accumulated behind the iris, causing the iris bombé, which still further interfered with the excretion of the intraocular fluids.

DISEASES OF THE NOSE, THROAT AND EARS.

A Case of Cerebro-Spinal Rhinorrhea.—Dr. St. Clair Thomson, of London, presented recently before the London Laryngological Society a case in which he succeeded in demonstrating to the satisfaction of his brother specialists that the practically continuous rhinorrhea was really a discharge of sub-arachnoidal fluid. The discharge, except for the annoyance of its continual dropping, did not inconvenience the patient in the least. On the contrary, vague pains in the head, from which the

woman suffered before the establishment of the discharge, have since ceased, and only return when for some reason there is a temporary obstruction to the flow. Dr. Thomson has succeeded in finding in medical literature reports of some twenty cases, which he thinks should be classified in the same category with the one he has had under observation. Most of them have been described simply as persistent "dropping of watery fluid from the nose." Beyond the fact that this is an actual cerebro-spinal rhinorrhea, very little is known. Dr. Thomson himself thinks that it is probable that the fluid finds its way from the subarachnoid space at the base of the skull, within the perineural sheaths of the branches of the olfactory nerves; though, of course, the possibility of its finding its way by some other route cannot be denied. He thinks that the condition is always associated with increased intracerebral pressure. Of the twenty-one patients, including his own, no less than seventeen presented some cerebral symptoms, and eight of them showed retinal changes. —*Med. News.*

TERATOLOGY.

Fetal Chondrodystrophia. — Axel Johannessen (*Norsk Mag. for Lægevidensk*) reports very fully the examination of a female infant, 1 month old, with hyperplastic chondrodystrophia, or as it is more commonly but less correctly called, "fetal rickets." The infant was atrophic, and died when about 7 weeks old. The internal organs were normal. There was spinal kyphosis; the head was normal, there being no premature ossification of the basis cranii; the ribs were normal, but the clavicles had thickened extremities; the diaphyses of all the long bones were short and thin, while all the epiphyses were much enlarged and deformed, and the freedom of movement of the joints was much diminished. The pelvis was much contracted, the conjugata vara measuring only 6 mm. These points were well demonstrated by means of Roentgen-ray photographs, and these are reproduced in the paper. —*British Medical Journal.*

Precocious Puberty. — Cases of precocious puberty are not very rare, but they are all worthy of record. Klein, of Bremen-Woltmerhausen (*Deutsche medicinische Wochenschrift*, 1899, No. 3; *Centralblatt für Gynäkologie*, August 12th), reports the case of a girl who, when ten months old, was returned to her

parents, having until then been cared for by strangers. At that time it was observed that her breasts were well developed, her genitals were large and hairy, and she was menstruating. Menstruation was regular for nine months, each period lasting about eight days; then there were four months in which she did not menstruate. After that a hemorrhage set in which lasted seven months, in spite of tonics and even styptics, and then ceased after an attack of measles. The child had been puny for the first six months of her life, and subsequently her general condition was not very good. Her mental development was that proper to her age.—*N. Y. Med. Jour.*

NEUROLOGY.

Post-Operative Psychical Disturbances.—E. Marandon De Montyel (*Revue de Chirurgie*, May, 1889) distinguishes two groups of post-operative psychical troubles. 1. The post-operative delirium, and, 2, the post-operative insanity. The former is transitory, while the latter is more or less permanent.

The post-operative delirium is usually due to an intoxication of some kind, and among these intoxications may be classed those due to Bright's disease, septicemia, iodoform, alcohol, chloroform, cocaine, etc.

Post-operative insanity, on the other hand, is seen only in individuals who have hereditary or acquired tendencies toward insanity. The slightest injury, wound or operation may give rise to post-operative insanity. The post-operative insanity has no definite character, but may assume different forms. Excepting thyroidectomy and certain cerebral operations there are no operations which seem to predispose to post-operative insanity. Women are more susceptible than men to this form of insanity, but this seems to be due to the fact that the nervous system of woman is more irritable than that of man.

From his observations the writer draws the following conclusions:

1. The post-operative psychical troubles form two distinct groups—the toxic delirium and post-operative insanity.
2. The post-operative delirium may be seen in any subject and is due to an intoxication, while post-operative insanity presupposes a tendency to insanity.
3. Every post-operative delirium has its own peculiar symp-

tomatology determined by the toxic agent which causes it, and every post-operative insanity has its peculiar symptomatology determined by the degree of predisposition to insanity.

4. Post-operative delirium can be easily explained, but it is, however, impossible to explain post-operative insanity.—*Albany Medical Annals*.

Tetanoid Seizures in Epilepsy.—Tonic or tetanoid epilepsy, L. P. Clarke (*American Journal of Insanity*, No. 55, 1899) holds, judging from literature and his experience at Craig Colony, to be a comparatively rare condition, though he is not disposed to make a special type of epilepsy of such tetanoid seizures. The history of a patient is presented, who, prior to the time of the observations, had had grand-mal seizures. In the tetanoid seizures the head was first slightly rotated to the right and then decidedly to the left. Then the spasm passed rapidly over the entire body, apparently bilaterally, from head to foot in a wave-like manner. All the muscles were in tonic rigidity each time for fifteen to twenty seconds. The back was well arched as in tetanus, the muscular rigidity being so great that the body could be raised from the floor by lifting the ankles, the occiput supporting the upper end. These tonic spasms occurred for a period of three hours, and were not intermingled with those of a clonic nature.

MEDICO-LEGAL.

A Hospital's Responsibility for a Nurse's Negligence.—The *Dominion Medical Monthly* for June states that some time ago a woman went to a Canadian hospital to have an operation performed. She was put under ether, and when she regained consciousness after the operation she complained of pain in one leg. It was found that a hot-water bottle was lying on the leg, and had caused injuries which, it was asserted, resulted in permanent disability. The patient sued the hospital for \$30,000 damages. At the trial term the complaint was dismissed, the judge affirming that the hospital authorities could not be held responsible. The case was appealed, and now the appellate division has handed down a decision that the hospital can not escape responsibility in that way, and a new trial has been ordered.—*Ex.*

BOOK REVIEWS.

The Surgical Diseases of the Genito-Urinary Tract; Venereal and Sexual Diseases. A Text-Book for Students and Practitioners. By G. FRANK LYDSTON, M.D. Royal 8vo., pp. 1011. Illustrated with 235 Engravings. [Philadelphia, New York, Chicago: The F. A. Davis Co., 1899. Price, cloth, \$5.00 net; sheep or half-Russia, \$5.75 net.

We have been looking for the appearance of this book for quite some time, expecting something good, and we have not been disappointed by any means. The author has produced a most excellent work for students and one which will prove a valuable and safe guide. He has been a lecturer on the subjects treated of in the book for many years and has fully demonstrated his abilities in actual practice. His numerous contributions to medical literature were such as to lead us to expect from him a larger work than the few modest volumes which have emanated from his pen in former years. If there is anything for which Dr. Lydston has been distinguished it is originality, and we have a further example of it in the volume before us.

The volume is divided into ten parts. Part I. deals with the general principles of genito-urinary, sexual and venereal pathology and therapeutics. In Part II. the non-venereal diseases of the penis are considered. Diseases of the urethra and gonorrhea take up Part III. In Part IV. chancroid and bubo and their complications are noted, whilst syphilis is considered in Part V., occupying some 160 pages. Diseases affecting sexual physiology, including among other things aberrations of the sexual instinct, impotence and sterility, and spermatorrhea, take up Part VI., which covers 87 pages. The tissues of the prostate and seminal vesicles are considered in Part VII. and those of the urinary bladder in Part VIII. Parts IX. and X. are respectively devoted to surgical affections of the kidney and bladder and diseases of the testis and spermatic cord. As our readers may see, quite a large range of subjects is covered in this volume.

The book, as we have stated, is a good general guide and errs more on the side of sins of omission than of commission. We may perhaps be a little hypercritical, but we should have liked to see a mention of intra-urethral chancroid, which is a comparatively overlooked venereal lesion. The author does not sufficiently describe the methods of massage in chronic seminal vesiculitis, nor does he place enough stress upon gonorrheal vesiculitis of chronic nature. We were rather surprised to see that the author believes in the larvation of the gonococcus—in other words, that it may again become specific when placed in the midst of cer-

tain environments. The subject is certainly one deserving of further study. We were rather surprised not to see the parasymphilides and parasymphilitic symptoms brought to the front. And yet he touches upon the subject when he speaks of certain cases of herpes progenitalis in former syphilitics, which will not heal unless mercurials be employed locally and at times internally; and, we may add, still more rapidly if the latter be antisyphilitic.

The book, however, is a most excellent one and will prove of the greatest utility to medical students and practitioners, for whom it is intended. We have no doubt whatever that a second edition will soon be called for, and we would like to see a few more illustrations in that portion devoted to syphilis. The printing and binding are excellent, and altogether the book is a handsome looking one. O-D.

System of Diseases of the Eye. By American, British, Dutch, French, German and Spanish authors. Edited by WILLIAM F. NORRIS, A.M., M.D., and CHARLES A. OLIVER, A.M., M.D. Vol. IV. Motor Apparatus, Cornea, Lens, Refraction, Medical Ophthalmology. Imperial Octavo, pp. 949. With Fifty-one Full-Page Plates and Two Hundred and Eleven Text-Illustrations. [Philadelphia and London: J. B. Lippincott Co. 1900. Price, cloth, \$20.00; sheep, \$24.00; half-Russia, \$26.00, for the set.

This is by no means the least important one of the four volumes which comprise the series of works of which it is the concluding one. The diseases of which it treats are among the most perplexing which are presented to the ophthalmologist, and the contributors to the volume are certainly among the most prominent in the world. Thos. Landolt, of Paris; Haab, of Zurich; Swanzy, of Dublin; Jonathan Hutchinson, of London; Gayet, of Lyons, are but a few taken at random from the names of those who have contributed to the volume before us. This country has also furnished several whose names are well-known throughout the breadth and length of the land by members of the medical profession. These are Norris, Oliver, and de Schweinitz, of Philadelphia, and Myles Standish, of Boston.

We cannot enter into a detailed consideration of all the subjects considered in this volume, as the task would not only be one of huge proportions, but would involve the writing of no mean volume simply to call attention to a portion of the good points brought out by the various authors, who contribute. A most thorough exposition of the anomalies of the motor apparatus of the eyes is by Prof. Landolt, who devotes 166 pages to this subject, and writes so interestingly withal that one lays down the book with regret upon the termination of this useful exposition of what might seem a dull subject until read thoroughly and properly digested. The diseases of the cornea, by Prof. Nuel, and those of

the lens, by Dr. Norris, are of the greatest importance and deserving of close attention. Ocular lesions dependent upon various and varied general conditions are treated of by a number of contributors and are among the most important chapters of the book. A most important paper is that on the Ocular Manifestations of Hysteria, by Prof. Parinaud. Eye Affections Due to Graves' Disease and Herpes Zoster, by Jonathan Hutchinson, is a contribution of more than ordinary practical utility and value. A most important contribution is that by Dr. de Schweinitz upon a subject with which he has not only familiarized himself, but upon which he is considered an authority. It is only of late years that it has attained any prominence in ophthalmology, but to-day it is firmly established. It is on the Toxic Amblyopias. The Entozoa of the Human Eye are described and figured by Dr. Maximilian Salzmann, an acknowledged authority on this particular subject.

The two last contributions are fully as interesting to general practitioners as to ophthalmologists. Simulated Blindness, by Prof. Bandry, is useful in giving directions for the discovery of malingering and the determination of the degree of visual acuity possessed by a refractory individual. An important subject, from a medico-legal point, is that upon which Prof. Gayet writes. He concerns himself with the Ocular Signs of Death. All the opinions ever advanced are given, and the author also cites their unreliability, leaving the subject in the same uncertainty so far as a positive sign is concerned, but calling attention to the unreliability of all those upon which dependence was placed at one time or another.

The binding, printing, and book-making altogether, has been superior in this work, and in connection with the volume it may fitly be said, *finis coronat opus*.

Physiology. A Manual for Students and Practitioners. (Lea's Series of Pocket Text-Books.) By HOWARD C. COLLINS, M.D., and WM. ROCKWELL, JR., M.D. Series by BERN. B. GALLAUDET, M.D. 12mo., pp. 323. Illustrated with One Hundred and Fifty-Three Engravings. [Philadelphia and New York: Lea Brothers & Co., 1899. Price, \$1.50 net.

This is a most excellent as well as comprehensive hand-book on the subject of physiology. The authors, whilst claiming no originality, so far as the matter is concerned, have handled their subject in an original manner and have succeeded in making a very reliable, convenient and instructive text-book. Histology, such as is pertinent to the subject which is under consideration, is introduced and it adds greatly to the value and usefulness of the book. This aids in great part to render the information in this book fuller and more reliable than in the general run of books of the same size which treat of physiology. That portion

of the book under consideration which deals with the nervous system is of more than average excellence. The cell and the neuron in the nervous system and the parts they play are prominently brought forward. As a whole, the book is a most excellent one, and will be a favorite with medical students.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain and Canada. Edited by JUDSON DALAND, M.D. (Univ. of Penna.) Vol. III., Ninth Series, October, 1899. 8vo., pp. 298. Illustrated. [Philadelphia: J. B. Lippincott Co. 1899.]

This volume of *International Clinics* is a most excellent one. It contains articles and lectures by a number of well-known European teachers, in addition to some excellent ones by American. The fourth installment of the lecture on the Treatment of Tuberculosis, by Prof. J. Grancher of Paris, is given, and in this he devotes his attention to diet and regime. Prof. Ernst Küster discourses very thoroughly on the Surgical Treatment of Tuberculous Nephritis. All of the difficulties and even impossibility of determining which kidney is affected are given. In a note we are given the information that the subject of the lecture recovered perfectly from the nephrectomy performed. A most interesting as well as useful lecture is that on the Treatment of *Tabes Dorsalis*, by Prof. A. Goldscheider. Whilst he does not pretend to be able to cure tabetics, he does maintain that these unfortunates may be vastly improved by a rational as well as systematic course of treatment, not necessarily medicinal. []

A very short article, handsomely illustrated, is by Dr. Fred J. Levisseur, on the Treatment of Favus of the Nail. His method is rather severe, but radical, consisting as it does of avulsion of the nail, applying a ten per cent. salicylic ointment to the matrix after. A new nail grows and is healthy. Prof. Dieulafoy and Dr. A. F. Plique appear in conjunction with a lecture by the former, on Syphilis of the Kidneys. Attention is called to Roger's advice to always look for syphilis in all cases of nephritis. We have found it of the highest importance in the formulation of a diagnosis. Prof. Friedrich Schultze has a lecture upon a trouble but rarely observed in this country, and on that account the more interesting as being of value from a diagnostic point of view, and on account of the easiness of making a mistake. It is on *Anchylostomiasis* or "tunnel disease," although his patient contracted it in working in a brick-yard, as many others did at the same place.

Among the interesting contributions in this volume are a paper on Neurasthenia, by Dr. Augustus A. Eshner, and a paper on Traumatic Neurosis, and a Question of Damages, by Prof. Fritz Strassmann. This latter is a most important one from a legal point of view, and it would be well for both railway surgeons and lawyers to familiarize themselves with the opinions of the learned lecturer. They would find much food for reflection and perhaps be in a better position to do justice to the victims of railway accidents.

Space forbids our taking up any more of the lectures or articles in this volume, but we have said sufficient to show our readers how interesting the contents are. There is not an issue of the *International Clinics* which is not worth the cost many times over. Every practitioner should subscribe for and read these volumes, and he will find an adequate reward for the time and money expended in the benefit he will reap.

A Laboratory Manual of Physiological Chemistry. By ALBERT W. ROCKWOOD, B.S., M.D. 12mo., pp. 204. With One Colored Plate and Three Plates of Microscopic Preparations. [Philadelphia, New York and Chicago: The F. A. Davis Co., 1899. Price, \$1.00 net.

This is an excellent manual and as an incentive to laboratory work it will do much work and greatly aid students in a proper understanding of physiological chemistry. The author has very wisely arranged his laboratory work in such a manner as not to entail very heavy expense, nor does he deal with complicated apparatus or unintelligible formulæ. It is so written that any student of average intelligence can understand it and repeat all the chemical experiments with ease and satisfaction. As an aid to the study of physiology we can heartily recommend this manual.

An Atlas of the Bacteria Pathogenic in Man. With Descriptions of their Morphology and Modes of Microscopic Examination. By SAMUEL G. SHATTUCK, F.R.C.S. With an Introductory Chapter on Bacteriology: Its Practical Value to the General Practitioner. By W. WAYNE BARCOCK, M.D. 12mo., pp. 82. Sixteen Full-Page Colored Plates. [New York: E. B. Treat & Co., 1899. Price, \$1.00.

This is practically a reprint of the articles on pathogenic bacteria in man which appeared in the *International Annual* for 1898 and 1899. These created such a favorable impression that a demand was made for them in separate form, a request which was acceded to by the publisher, a chapter on bacteriology being added. As it now appears, this little book is certainly all that a general practitioner needs to familiarize himself with the essentials of the subject, and the plates are so excellent that he cannot make a mistake. We recommend the book as a reliable and consistent little handbook.

LITERARY NOTES.

Books Received.—The following books have been received during the past month, and are reviewed in the present number of the JOURNAL:

System of Diseases of the Eye. By American, British, Dutch, French, German, and Spanish Authors. Edited by William F. Norris, A.M., M.D., and Charles A. Oliver, A.M., M.D. Vol. IV.: Motor Apparatus, Cornea, Lens, Refraction, Medical Ophthalmology. Imperial octavo, pp. 949. With Fifty-one Full-page Plates, and Two Hundred and Eleven Text Illustrations. [Philadelphia and London: J. B. Lippincott Company. 1900. Price, cloth, \$20.00; sheep, \$24.00; half-russia, \$26.00 for the set.

International Clinics. A Quarterly of Clinical Lectures on Medicine, Neurology, Surgery, Gynecology, Obstetrics, Ophthalmology, Laryngology, Pharyngology, Rhinology, Otology, and Dermatology, and Specially Prepared Articles on Treatment and Drugs. By Professors and Lecturers in the Leading Medical Colleges of the United States, Germany, Austria, France, Great Britain, and Canada. Edited by Judson Daland, M.D. (Univ. of Pennsylvania). Vol. III. Ninth Series. October, 1899. 8vo., pp. 298. Illustrated. [Philadelphia: J. B. Lippincott Co. 1899.

Physiology. A Manual for Students and Practitioners. (Lea's Series of Pocket Text-Books.) By Howard D. Collins, M.D., and Wm. H. Rockwell, Jr., M.D. Series edited by Bern. B. Gallaudet, M.D. 12mo., pp. 323. Illustrated with One Hundred and Fifty-Three Engravings. [Philadelphia and New York: Lea Brothers & Co. 1899. Price, \$1.50 net.

A Laboratory Manual of Physiological Chemistry. By Elbert W. Rockwood, B.S., M.D. 12mo., pp. 204. With One Colored Plate and Three Plates of Microscopic Preparations. [Philadelphia, New York, and Chicago: The F. A. Davis Co. 1899. Price, \$1.00 net.

The Surgical Diseases of the Genito-Urinary Tract, Venereal and Sexual Diseases. A Text-Book for Students and Practitioners. By G. Frank Lydston, M.D. Royal 8vo., pp. 1011. Illustrated with 235 Engravings. [Philadelphia, New York, and Chicago: The F. A. Davis Co. 1899. Price, cloth, \$5.00 net; sheep or half-russia, \$5.75 net.

An Atlas of the Bacteria Pathogenic in Man. With Descriptions of Their Morphology and Modes of Microscopic Examination. By Samuel G. Shattuck, F.R.C.S. With an Introductory

Chapter on Bacteriology: Its Practical Value to the General Practitioner. By W. Wayne Babcock, M.D. 12mo., pp. 82. Sixteen Full-Page Colored Plates. [New York: E. B. Treat & Co. 1899. Price, \$1.00.

The Medicus is the successor to the *North American Medical Review* and the *Missouri Valley Medical Journal*. We are pleased to note the abbreviation in the name. As it now stands *The Medicus* is a large 8vo. monthly of 32 pages, published at the subscription price of \$1.00 a year, by the Medicus Publishing Co., of Frederick, Md., and Washington, D. C. Dr. N. B. Shade is editor-in-chief, and Dr. H. P. Fahrney, associate editor. It promises to be an excellent journal.

The Polyclinic is the title of a new English medical publication which has just made its appearance. It is a large octavo monthly which will contain in the neighborhood of fifty pages. The well-known publisher, Mr. H. K. Lewis, of 136 Gower Street, W. C., London, issues this publication at six pence per number. The editorial work is in charge of C. O. Hawthorne, M.D., for a committee, and he has discharged his duties in a most satisfactory manner. The contributors to the pages of the *Polyclinic* are the teachers in the Medical Graduates College of London, and the list includes the most distinguished practitioners of London. In addition to these, some of the greater lights of Great Britain are represented in the pages of the *Polyclinic*. Thus we find in No. 2 the names of Thos. Clifford Albutt, J. W. Ballantyne, Jonathan Hutchinson, William Ewart, Harry Campbell, and C. O. Hawthorne. This is a list sufficient to induce anyone who desires good, original medical literature to subscribe for this excellent journal. We shall certainly await the appearance of each number with impatience and lively anticipations of something good.

Clinical Reports of the Rotunda Hospitals for one year, November 1, 1897, to October 31, 1898, like previous reports, is full of interest. This report is by R. D. Purefoy, F.R.C.S.I. (Master), and R. R. R. Lyle and H. C. Lloyd, Assistants. The Rotunda Hospital of Dublin is too well known to need any word of explanation from us. The report before us is an octavo brochure of forty-eight pages, and contains, in addition to statistical tables, a number of accounts of interesting cases, many of which are illustrated.

Plants Poisonous to Stock have been made the subject of an illustrated preliminary catalogue by V. K. Chestnut, B.S., and printed by the U. S. Bureau of Animal Industry. It is a small 8vo. pamphlet, which contains much information and whose reading is certainly interesting to physicians, and ought to be read by all owners of horses and stock.

Physicians' Pocket Manual is the title of a very useful little book issued by Messrs. Parke, Davis & Co., of Detroit. The book is compact and handsomely printed, and contains a wealth of information about biological and pharmaceutical remedies. Fifty-eight pages of the book are devoted to a property and dose list, together with metric equivalents, a table for making solutions, a complete index, an exhaustive list of botanical synonyms, and many nuggets of information in the form of notes. The publishers inform us that they will take pleasure in sending a copy free to anyone of our subscribers who may write a request for the same.

Courier of Medicine Pocket Reference Book and Visiting List is a most excellent one, which has the added advantage of being perpetual and may be begun at any time. In addition, a complete posological table, urinary tests are given, a diet table and numerous other useful as well as needed points are given. This list is issued by the Courier of Medicine Company, of St. Louis, at the modest price of 75 cents, postpaid.

The Medical News Visiting List for 1900 is one of which its publishers may well be proud. We have before us one for thirty patients per week which opens with 32 printed pages of printed data of the most useful sort. Among these data may be mentioned an alphabetical list of diseases with approved remedies, a table of doses, sections on the examination of urine, etc. An innovation of the greatest value is a full-page plate indicating the incisions for the ligation of the various arteries—an invaluable guide in the emergencies where needed. There are four styles of this list issued: Weekly (dated for 30 patients); monthly (undated, for 120 patients a month); perpetual (undated, for 30 patients weekly per year); and perpetual (undated, for 60 patients weekly per year.) Each style in one wallet-shaped book, with pocket, pencil and rubber. Seal grain leather, \$1.25. Thumb letter index, 25 cents extra. Messrs. Lea Brothers & Co., of Philadelphia and New York, are the publishers of these handsome visiting lists.

The Physician's Visiting List of Lindsay and Blakiston for 1900 has just appeared. It is as popular now as when it first appeared forty-nine years ago. It is hardly necessary to speak of its construction, as it is so well known as to be familiar to the majority of physicians of this country. It has sixteen pages of useful information and the necessary blank pages for a physician's practice. A reference to our advertising pages will acquaint the reader with the various styles issued and their prices. Messrs. P. Blakiston's Son & Co., of Philadelphia, are the publishers.

New Edition of Copp's Settler's Guide.—The twenty-first edition of Copp's Settler's Guide, a popular exposition of our

public land system, is before us. It is edited by Henry N. Copp, of Washington, D. C., the well known land attorney. Its price is only 25 cents. The chapter on surveys is illustrated and tells how to decipher township and section corners. The book gives the latest rulings on the homestead and other laws.

MELANGE.

The Treatment of Favus.—Peterson, after first softening the crust of favus by means of a one per cent. carbolated vaselin ointment and washing it with soap and water, paints the diseased area with tincture of iodine. It is not necessary to remove the hair.—*Therap. Gazette*. [But does he cure it?]

Modern Therapeutics.—*The Post-Graduate* says that those who fear that since the times of Addison and Macaulay, the age of fine writing is past, may comfort their anxious souls by reading the following extract from a medical paper in a recent number of one of our great journals:

“He who has watched for the past decade that jostling horde of barbaric drugs which, emerging from the sulphurous mists of the chemist’s laboratory, have swept across the medical horizon in unbroken column, only to disappear in the silent caverns of oblivion, will hardly care to attack the statement that permanency is not the most obtrusive characteristic of prevailing methods of treatment.”—*Bristol Med.-Chir. Jour.*

Examination Papers.—The following are taken from some reported answers:

The stomach is the must diluted portion of the elementary canal.

Hygiene is all that you can tell about that which is asked.

The doctrine of evolution began with the beginning of life, and grew higher and higher, until it regenerated into monkey. This process was slow—so slow that neither the monkey nor the man knew anything about it.

A germ is a name applied to a particular particle, tiny sub-bacterial organism, which, when demonstrated, causes disease.

A germ is a tiny insect sometimes found in diseases or organs—that is why diseases are contagious. It is so small that it

can be seen only with a telescope. Then it appears like the head of pin, but it goes floating around into the atmosphere.—*Bristol Med.-Chir. Jour.*

Alvarenga Prize of the College of Physicians of Philadelphia.—The College of Physicians of Philadelphia announces that the next award of the Alvarenga Prize, being the income for one year of the bequest of the late Señor Alvarenga, and amounting to about One Hundred and Eighty Dollars, will be made on July 14, 1900, provided that an essay deemed by the Committee of Award to be worthy of the Prize shall have been offered.

Essays intended for competition may be upon any subject in Medicine, but cannot have been published, and must be received by the Secretary of the College on or before May 1, 1900.

Each essay must be sent without signature, but must be plainly marked with a motto and be accompanied by a sealed envelope having on its outside the motto of the paper and within the name and address of the author.

It is a condition of competition that the successful essay or a copy of it shall remain in possession of the college; other essays will be returned upon application within three months after the award.

The Alvarenga Prize for 1899 has been awarded to Dr. Robert L. Randolph, of Baltimore, Md., for his essay entitled: "The Regeneration of the Crystalline Lens—An Experimental Study."

THOMAS R. NEILSON, M.D.,
Secretary.

Death of Dr. Walter J. Hoffmann.—Dr. Walter J. Hoffmann, a graduate of Jefferson Medical College, and lately United States Consul, Mannheim, Germany, died at his home in Reading, Pa., Nov. 8. His death was hastened, it is said, by the ill treatment he received from the German medical profession (see ST. LOUIS MEDICAL AND SURGICAL JOURNAL, Nov., 1899, page 248, a clipping containing his complaint from the *New York Tribune*).

In all his reports, Major Powell, Director of Bureau of Ethnology, Smithsonian Institute, pays high tribute to Dr. Hoffmann's worth as a scientist.

Dr. Hoffmann's chief work was probably the article he prepared

for the Smithsonian, and which is published on pages 148 to 300 of the 1885 and 1886 Report. It is entitled "Midé-Wiwin, or Grand Medicine Society of the Ojibway Indians."

This great work occupies 152 of the large pages of the Smithsonian Reports.

Major Powell says of it: "At White Earth Reservation, Minnesota, where he had gone to collect and study the mnemonics and other records relating to the Midé-Wiwin, or Grand Medical Society of the Ojibway, Dr. Hoffmann spent two seasons with the tribe, and had been initiated into the system of the four degrees of the society, by which he was enabled to record its ceremonies. This was desired by the Indians, so that a complete exposition of the traditions of the Ojibwa cosmogony and of the Midé society could be preserved for the information of their descendants. Through intimate acquaintance with and recognition by the Midé priests, Dr. Hoffmann obtained all the important texts employed in the ceremony, much of the matter in archaic language, as well as the musical notation of songs sung to him for that purpose; also the birch-bark records of the society, and the mnemonic songs on birch-bark employed by the Midé priests, together with those of the Jessakkid and Wabeno, two other grades of Shamans."

Dr. Hoffmann also secured, as having connection with the general subject, a list of plants and other substances constituting the materia medica of the region, the method of their preparation and administration, and their reputed action; the whole being connected with incantations and exorcisms. X.

Jenner's Immortal Discovery—The Extinction of Small-pox Well-nigh Accomplished by Vaccine Virus—Some Startling Figures—Delicate, Precise, and Painstaking Methods of Producing and Testing the Lymph—Recent Improvements in Manufacture—How Disease Germs are Excluded.—Messrs. Parke, Davis & Co., of Detroit, Mich., have sent us the following interesting matter, which we reproduce for the benefit of our readers. The vivid descriptions of small-pox epidemics in the pages of the great historians ought to teach us modern mortals what the loathsome disease must have meant in horror and dread to all mankind before the efficacy of vaccination became generally acknowledged.

Even more impressive than the classical pictures of the historians is the evidence presented by the statistics in which are crystallized the experience of entire nations. A calamitous smallpox epidemic raged in Germany during 1870-71, carrying off 143,000 victims in a population of 50,000,000, and in 1874 a law was enacted making vaccination obligatory in the first year of life and revaccination also obligatory at the tenth year.

In consequence of this law smallpox has been so successfully stamped out in Germany that the annual loss of life from this disease is only 116.



FIG. 8.—"Ready to Invert."—Aseptic Instrument and Dressing Case on the Right.

Similar figures are afforded by every civilized country, and the lesson they teach is re-enforced by the disastrous experience of many careless communities which have temporarily neglected to perform systematic vaccination among the people. The city of Montreal can bear sorrowful witness, from its epidemic in 1885, and the English city of Gloucester, from its outbreak of smallpox in 1896, to the appalling evil which is likely to follow concessions made to antivaccination sentiment.

Opponents of Vaccination.—The principal stock in trade of those who oppose vaccination is borrowed from the ancient and discarded method of "arm to arm" inoculation, syphilis and possibly other diseases being thus communicated from child to child. In the vehement objections to animal vaccine the tubercular germ has been the great bugaboo. But our methods of selecting cattle and our use of glycerin to kill any possible germs in the vaccine exclude that danger perfectly.

But to these unfounded and childish grounds of opposition must be added others of more weight and truth. Not without reason have the antivaccinationists protested against the ulcera-



FIG. 9.—One Row of Inoculated Helpers in Propagating Room.

tions, inflammations, abscesses, and sloughings with which vaccinators have been only too familiar in the past, thanks to the general use of germ-infected "points." The cry of reprobation against these things is not to be silenced by calling people cranks when our best authorities and warmest advocates of vaccination tell us that the old-fashioned "points" fairly swarm with disease germs.

The Problem Fairly Stated.—When we decided to place vaccine on the market under our label, we felt that at any cost our product must be the best product obtainable, otherwise we had better keep out of the vaccine business. And now we purpose to sketch very briefly and rapidly the means we use to preserve

our vaccine from infection—measures of asepsis and antisepsis which could hardly be made more minute and painstaking in a modern hospital where patients are prepared for dangerous operations.

The Animal.—We use only the healthy heifer about eighteen months old. The animal is first carefully examined by our veterinarian, Dr. E. A. A. Grange (formerly Michigan State

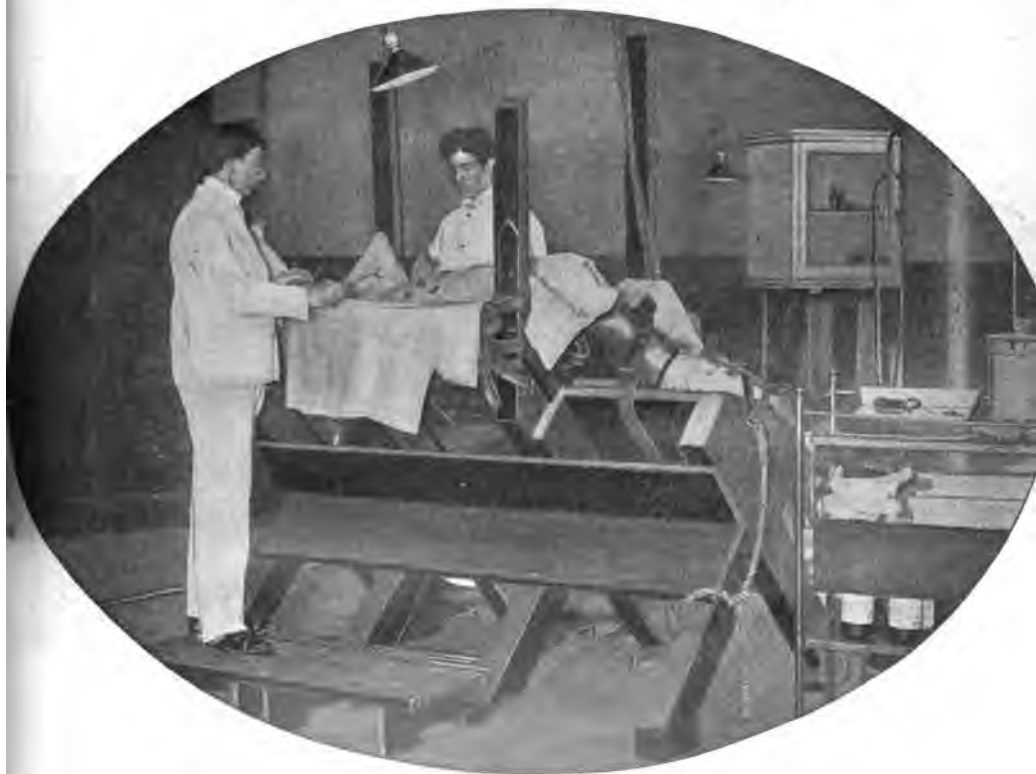


FIG. 10.—Collecting the Vaccine.

Veterinarian), for any evidence of disease, external or internal. A ringworm on a heifer is enough to condemn it. The Tuberculin test is applied in every case, and any heifer which exhibits a suspicious rise of temperature is rejected.

Inoculating the Heifers.—When the animal is finally pronounced to be in perfect health, it is scrubbed from head to foot and taken into the Operating Room—a large, high cham-

ber, with cement floor and varnished walls susceptible of ready cleansing and disinfection. Here, with the aid of a convenient apparatus (see Fig. 10), the heifer is placed on its back; the abdominal surface is thoroughly lathered, washed, and shaved, and is then scrubbed once more with sterilized water; it is then washed thoroughly with a disinfectant solution; and after a final washing with sterilized water, the abdomen is ready for

Scarification.—This is performed quickly with sterilized instruments. The seed vaccine is applied, rubbed in thoroughly, and permitted to dry. The “field of operation” is then covered with an aseptic and impenetrable cement which effectually ex-



FIG. 11.—Filling Vaccine into the Capillary Tubes.

cludes germs. Over the cement we place a layer of absorbent cotton, and over the cotton a protective bandage.

(Other manufacturers of vaccine merely cleanse the abdominal surface. So far as we are aware, they do not use a disinfectant, nor do they cover the “field” with anything, simply allowing nature to form a scab.)

The heifers are now ready for the

Propagating Room.—Fig. 9 shows one row of iron stalls. Here the inoculated animals are kept for about five days. Men are on hand constantly to collect feces, etc., all excreta being removed from the room immediately.

Collecting the Virus.—After about five days the heifer returns to the Operating Room. The hoofs are carefully cleaned, and the various cleansing operations described above as preliminaries to inoculation are now repeated.

The dressings are removed; the whole field of operation is cleansed with sterilized water and disinfectant solution; and the external scab is removed and destroyed.

The pulp of the vaccine vesicles with exuding serum is now



FIG. 12.—Grinding Vaccine with Glycerin—Emulsifying Apparatus to the Left.

carefully collected with sterilized spoon curettes and placed in sterilized containers filled with glycerin.

Manipulation of the Lymph.—The vaccine is now brought to our Biological Laboratory, and is run through sterilized grinders until a homogenous mixture is obtained. The requisite amount of diluent is added, and the mixture is shaken for several hours in a specially devised shaking apparatus in order to make a perfect emulsion.

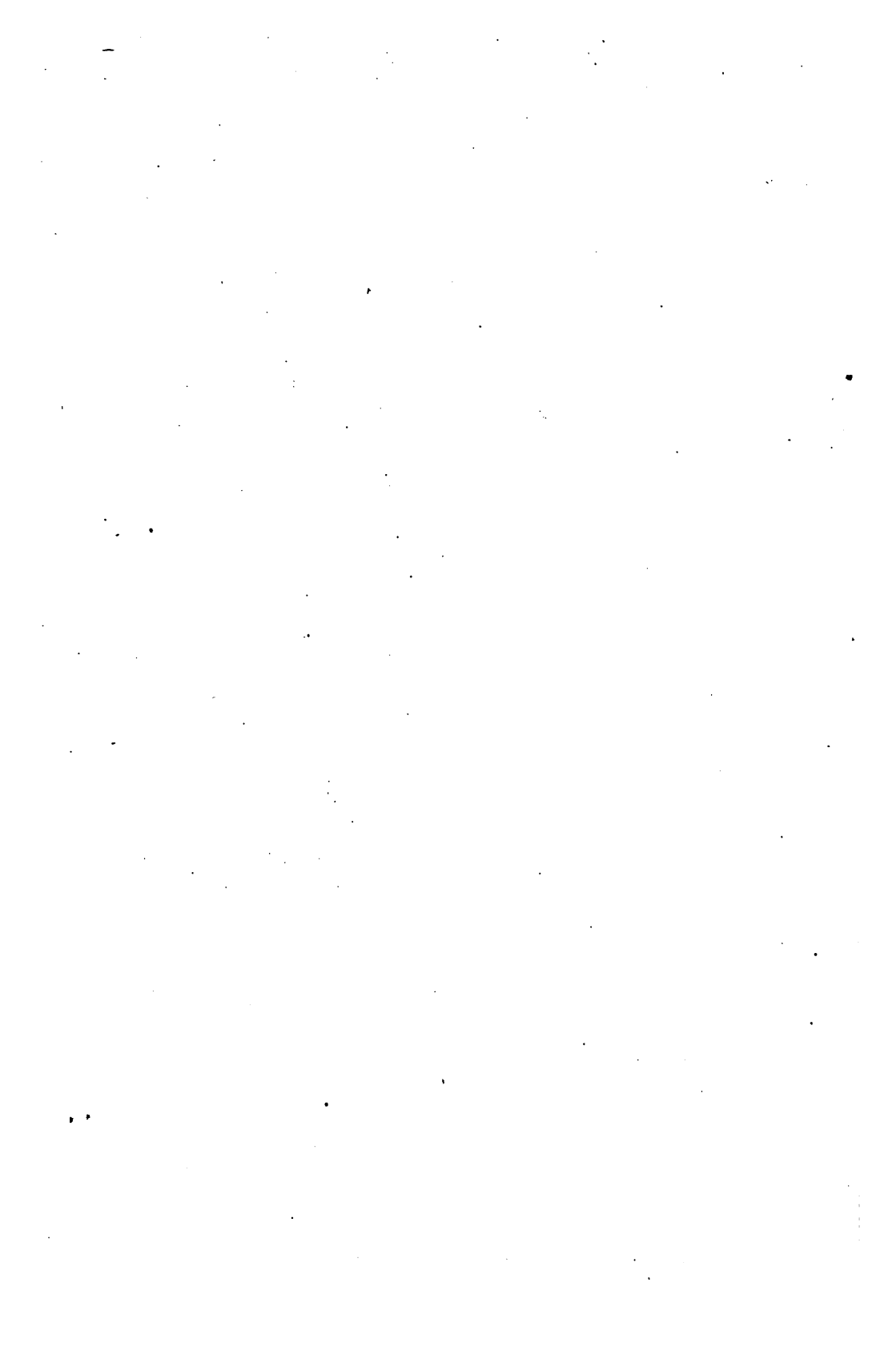
Searching Scrutiny of the Finished Product.—The vaccine is now examined bacteriologically and physiologically. Every single parcel of our vaccine is tested on heifers before we permit it to go out on the market under our label. And in the great majority of cases our vaccine is tested for activity on children as well.

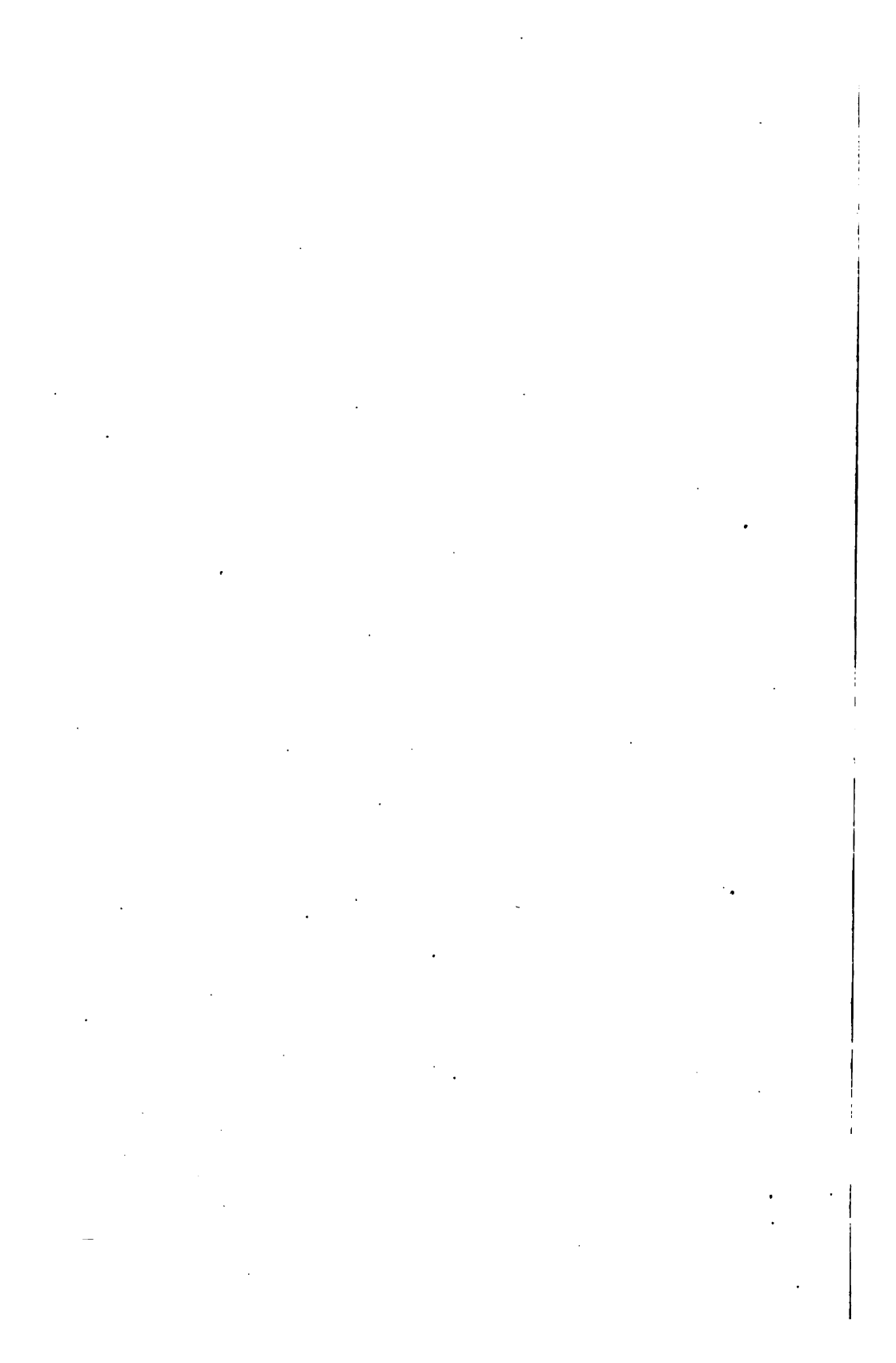
If our test requirements are fulfilled, it is filled by skilled operatives into sterilized tubes, in an aseptic room especially designed for the purpose. Each tube is examined to satisfy us that both ends are absolutely closed.

Proper Storage of Vaccine Stock.—The sealed tubes are at once placed in a refrigerator and kept there until needed for orders. We aim to send out only strictly fresh vaccine, and our stock is changed every week. The proper storage of vaccine by our patrons is of the utmost importance. Vaccine is a most delicate and perishable product. Keep it in a cool dark place (best of all, in a refrigerator), and by all means avoid exposing it for any length of time to a temperature above 70° F. During warm summer weather vaccine deteriorates very fast.

The "Seed" Vaccine.—This is, of course, the corner-stone of our process; and we insure its activity by our stringently careful preservation and by frequent tests.

What the True Vaccinia Vesicle Looks Like.—Pray remember that the so-called vesicle is the only reliable indication that the vaccine has "taken." There is absolutely no other proof for or against the vaccine. A hole in a man's arm half an inch deep—a scar two inches long—proves nothing (except that infection more or less serious has occurred), and neither one affords any guarantee of protection against smallpox. On the other hand, Jenner himself declared that a full measure of such protection is imparted by a single vesicle. The latter varies in size, but is usually umbilicated or depressed in the center. At one stage in its growth the vesicle is filled with pearly-gray matter. Often it is small and escapes observation. Pure vaccine ought to produce only a mild reaction. Violent symptoms, local or constitutional, point to infection, either from the vaccine itself or through careless exposure of the wounded arm after vaccination.





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